Maryland Department of Human Resources
Title IV-B Child and Family Services Plan
2012 Annual Progress and Services Report

Maryland's Human Services Agency

Place Matters

Nothing matters more to a child than a place to call home

Martin O'Malley
Governor

Anthony Brown
Lt. Governor

Theodore Dallas
Secretary

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I. FY 2012 ANNUAL PROGRESS AND SERVICES REPORT

A. ORGANIZATION AND FUNCTIONS

INTRODUCTION / OVERVIEW OF DHR

The Maryland Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and supervises services provided by the 24 Local Departments and those purchased through community service providers.

The Social Services Administration (SSA), under the Executive Director, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Independent Living Services, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA).

Executive Director

The Executive Director of the Social Services Administration (SSA) is responsible for the overall administration of the Administration with support from two Deputy Directors (Programs and Operations). A number of specific child welfare programs and initiatives are managed within the Administration. In addition, there are five other offices or units within the Administration that provide an infrastructure to support the overall child welfare mission.

The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to 24 Local Departments of Social Services (LDSS) in the areas of policy development, training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families.

The Director sets the vision for the Administration in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 24 local departments.

Coordination with the Secretary of the Department of Human Resources, Deputy Secretaries, and Office of the Attorney General, other Administration Directors, and County Directors takes place on a regular basis. The Director represents the Administration with other state and federal agencies, advisory groups, legislators, Governor's Office personnel, and advocacy groups.

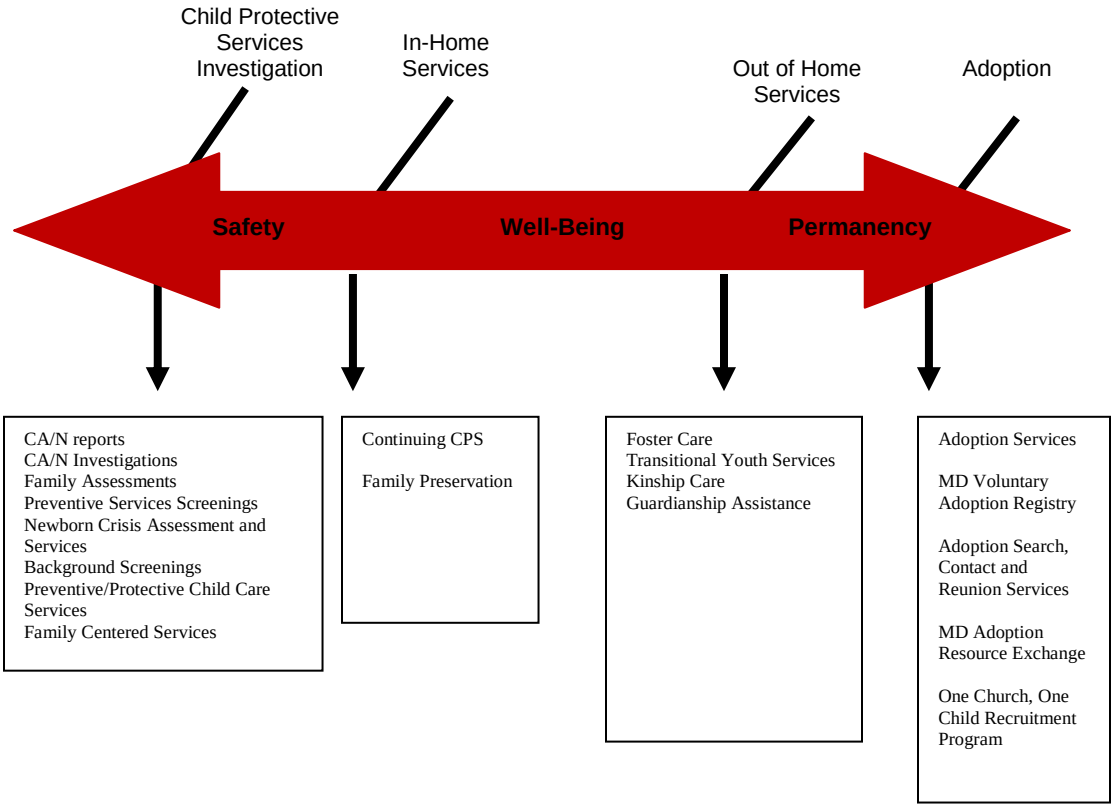
Deputy Executive Director of Programs

The Deputy Executive Director of Programs is responsible for policy and program development for In Home Services, Out of Home Placement, Organizational Development and Training, and Resource Development and Placement Support Services. This position shares responsibility for the development of the budget and legislative agenda.

Deputy Executive Director of Operations

The Deputy Executive Director of Operations is responsible for the Offices of Management and Special Services, Research and Evaluation, Quality Assurance, Systems Development, and Contracts and Monitoring. This position shares responsibility for the development of the budget and legislative agenda.

Child Welfare Continuum of Care



The illustration shows the Child Welfare Continuum of Care in Maryland. The arrow depicts the outcomes, safety, well-being and permanency and where the state's programs contribute to the outcomes. The program descriptions follow.

Office of Programs

- **In- Home Services**

- **Child Protective Services** (CPS) is a mandated program for the protection of all children in the state alleged to be abused and neglected. Child Protective Services screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. It also provides services designed to stabilize a family in crisis and to preserve the family by reducing safety and risk factors. This program provides an array of prevention, intervention and treatment services including:
  - operating a local jurisdiction based telephone hotline for receiving child abuse/neglect (CA/N) reports;
  - conducting CA/N investigation, family assessment and preventive services screenings;
  - providing substance exposed newborn crisis assessment and services;
  - providing background screening checks on current or prospective employees and volunteers for children/youth serving agencies;
  - preventive and increased protective capacity of families; and
  - family-centered services.
- **In-Home Family Services** represents a continuum of family preservation programs available within the local departments of social services. These programs are specifically identified for families in crisis whose children are at risk of out-of-home placement. Family preservation actively seeks to obtain or directly provide the critical services needed to enable the family to remain together in a safe and stable environment.

- **Out-of-Home Placement**
  - **Foster Care Services:**
    - short-term care and supportive services for children that have been physically or sexually abused, neglected, abandoned, or at high risk of serious harm.
    - services to treat the needs of the child and help the family with the skills and resources needed to care for the child. Children are placed in the least restrictive placement to meet their needs, with a strong preference for relatives as the placement of choice. Attempts are made to keep the child in close proximity to their family; however, the child's placement is based on the treatment needs of the child and the availability of placement resources.
    - time-limited reunification services using concurrent permanency planning to reunite with the birth family or to pursue a permanent home for the child within 12 months of the placement. Permanency planning options that are considered in order of priority:
      - Reunification with parent(s)
      - Permanent Placement with Relatives (includes guardianship or custody)
      - Adoption (relative or non-relative)
      - APPLA (Another Planned Permanency Living Arrangement)

        - Voluntary placement services because of the child's need for short term placement to receive treatment services for mental illness or developmental disability.
    - **Adoption Services** develops permanent families for children who cannot live with or be safely reunited with their birth parents or extended birth families. The Maryland Adoption's Program is committed to assisting local departments of social services and other partnering adoption agencies in finding "Forever Families" for children in the care and custody of the State. Adoption services include study and evaluation of children and their needs; adoptive family recruitment, training and approval; child placement; and post-adoption support.
    - **Transitioning Youth Services** provide independent living preparation services to older youth, ages 14-21 years of age in any type of out of home placement (such as kinship care, family foster care or residential/ group care) Maryland continues to provide services to help them prepare them for self sufficiency in adulthood.
    - **Guardianship Assistance Program** serves as another permanency option for relatives caring for children in out of home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers.

- **Resource Development, Placement and Support Services**
    - **Resource Development and Retention** is responsible for services related to the recruitment and retention of resource families. They provide technical assistance to local departments of social services in development of their local recruitment plans. The Maryland Foster Parent Association also receives technical assistance from this unit. The unit is responsible for monitoring and coordination of the 24 local departments of social services' resource home development plans.
    - **Placement and Support Services** is responsible for assisting the local departments of social services to facilitate barriers regarding the discharge and placement plans for youths in State care from psychiatric hospitals in Maryland and offer suggestions to the local departments for applicable placements for youths in State care. Placement and Support Services is also responsible for participating in a myriad of committee meetings to represent DHR in order to maintain rapport with different State agencies, including in-state and out-of-state providers to glean updated knowledge of programs and initiatives and assist the local Departments to ensure that the youths in State custody are appropriately positioned at their recommended placement and is in the best interest of the youths. This unit works with stakeholders to identify and develop strategies to improve the array of services available to support children and families in achieving safety, permanence and well-being. The services include education, substance abuse treatment, health care and mental health.
    - **Interstate Compact on the Placement of Children (ICPC) ensures that children** from other US States in need of out-of-home placement in Maryland receive the same protections guaranteed to the children placed in care within Maryland. The law offers States uniform guidelines and procedures to ensure

these placements promote the best interests of each child. while simultaneously maintaining the obligations, safeguards and protections of the "receiving" and "sending" States for the child until permanency for that child is achieved in the receiving State's resource home, or until the child returns to the original sending State. In 2011, 523 Maryland children (through public, private agency or parent-initiated private referral) were placed in out-of-State ICPC placements; a further 214 children were denied placements out-of-State. The majority of children placed out of state are placed with relatives or parent initiated referrals to Residential Treatment Centers. Maryland continues to decrease the number of children placed in out-of-state RTCs and group homes. In the reverse direction (i.e., other States children coming to Maryland), 1,489 children were placed into Maryland (273 denied placement), the majority of those children coming from Washington, D.C. These placement numbers include the full array of parent, relative, foster, adoptive and residential placements of children. **Interstate Compact on Adoption and Medical Assistance (ICAMA) provides a framework for** interstate coordina**ti**on specifically related to adoption. The Compact works to remove barriers to the adoption of children with special needs and facilitates the transfer of adoptive, educational, medical, and post adoption services to pre-adoptive children placed interstate or adopted children moving between states.

- **Child Welfare Training and Organizational Development**
    - **Child Welfare Training** oversees the training for all child welfare staff in the State of Maryland by monitoring the contract and coordinating the training activities with the University of Maryland, School of Social Work, and Child Welfare Academy. In conjunction with the Child Welfare Academy, this office coordinates the pre-service training for all new staff and continuing education opportunities for existing staff in addition to training the public foster care providers. This also includes oversight of the Title IV-E Education for Public Child Welfare Program at the University Of Maryland School Of Social Work.
    - **Child Welfare Organizational Development** is responsible for supporting new initiati**ves that advance the overall strategic mission of SSA and coordinating technical assis**tance to local depar**tm**ents for emerging practices.

Office of Operations

- **Budget and Central Services** is responsible for the management of SSA's budget development and monitoring. They also are responsible for the development of regulations, legislative updates, and personnel issues.
- **Contracts (Purchase of Care) are r**esponsible for the development and monitoring of contracts for Maryland's licensed child placement agencies and residential treatment facilities.
- **Research and Evaluation** is responsible for the collection and analysis of data for SSA and local department of social services. They are responsible for reporting for SSA to State Stat. State Stat collects data from all of Maryland's Departments on outcomes and trends within their organizations and reported to Governor Martin O'Malley. The Research and Evaluation unit also reports on AFCARS, Caseworker Visitation, the

National Youth in Transition Database (NYTD), and the National Child Abuse and Neglect Data System (NCANDS) to the Federal government.

- **Systems Development** is responsible for MD CHESSIE, Maryland's SACWIS system. They work with Central Office and local departments of social services staff to ensure accurate and reliable data is input into the system. They work with the contractor on enhancements and troubleshoot any operational problems. This unit is also responsible for assisting public and providers with trouble shooting issues with their payments that are to be received on behalf of the children in their care.

Quality Assurance is responsible for regular on-site review and data analysis for each the 24 local departments of social services. This unit coordinates the Continuous Quality Assurance process for child welfare and develops the reports for these reviews.

B. PLAN REQUIREMENTS

1) Vision and Mission

Vision: The Maryland Department of Human Resources, Social Services Administration envisions a Maryland where all children are safe from abuse and neglect, where children have permanent homes and where families are able to meet their own needs.

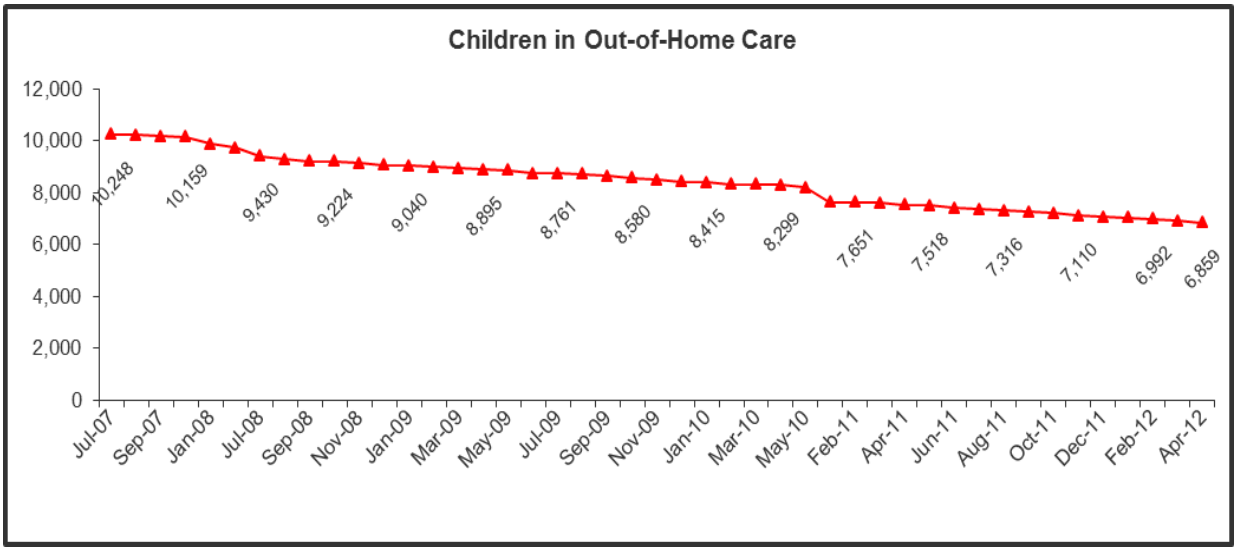
Mission: To lead, support and enable local departments of social services in employing strategies to prevent child abuse and neglect, protect vulnerable children, preserve and strengthen families, by collaborating with state and community partners.

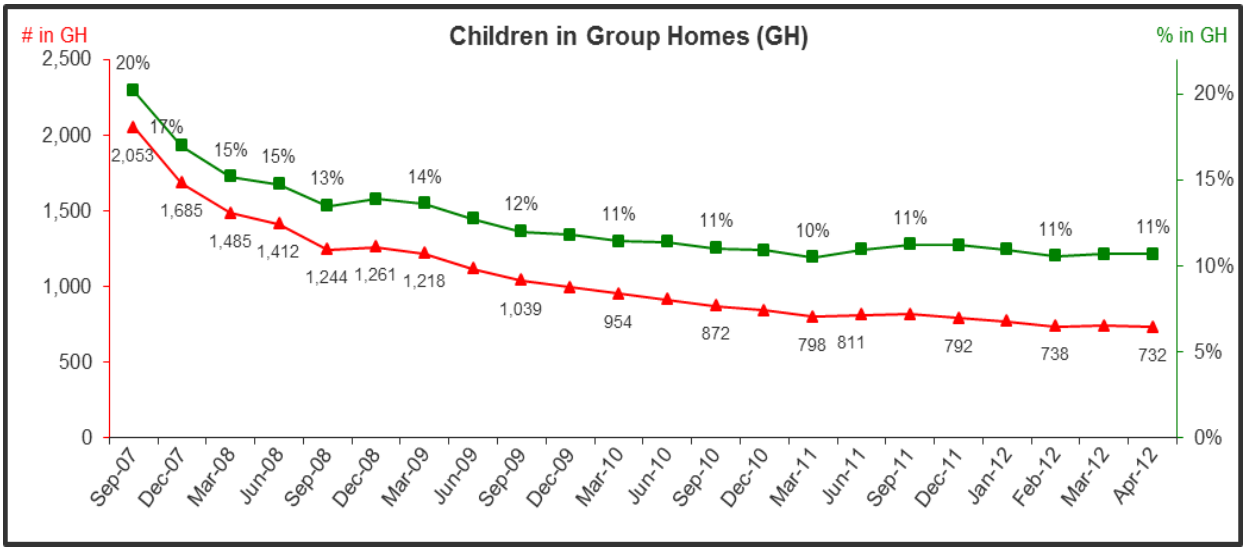
Place Matters

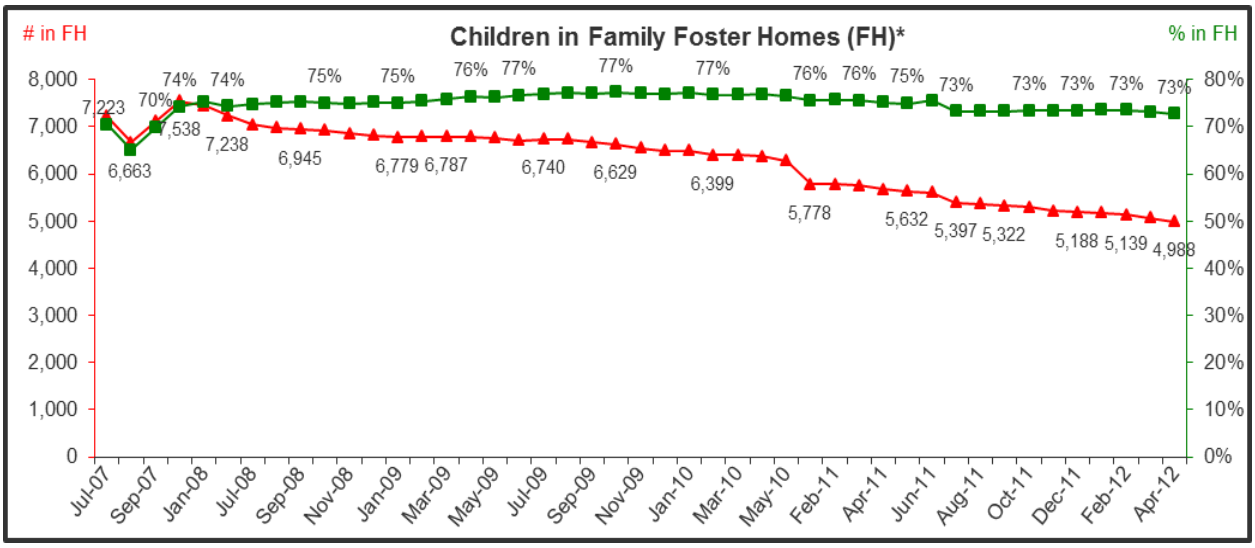
The Maryland DHR made a deliberate and focused shift in its practice, policy and service delivery with the July 2007 statewide rollout of the "Place Matters" initiative, which promotes safety, family strengthening, permanency and community-based services for children and families in the child welfare system. The proactive direction of "Place Matters", designed to improve the continuum of services for Maryland's children and families, places emphasis on preventing children from coming into care when possible, ensuring that children are appropriately placed when they enter care, and shortening the length of time youth are placed in out-of-home care. The goals of the Place Matters Initiative are:

- **Keep children in families first** - Place more children who enter care with relatives or in resource families as appropriate and decrease the numbers of children in congregate care.
- **Maintain children in their communities** - Keep children at home with their families and offer more services in their communities, across all levels of care.
- **Reduce reliance on out of home care** - Provide more in-home supports to help maintain children in their families.
- **Minimize the length of stay** - Reduce length of stay in out-of-home care and increase reunification.
- **Manage with data and redirect resources** - Ensure that managers have relevant data to improve decision-making, oversight, and accountability. Shift resources from the back-end to the front-end of services.

Since July 2007, through its Place Matter's Initiative Maryland has reduced the number of children in out-of-home care by 33%; decreased the proportion of youth in group home placements from 19% to 11%; increased the proportion of family home placements from 70% to 73%. In addition, the proportion of children exiting to reunification, guardianship, and adoption has increased from 66% during state fiscal year 2008 to 82% for state fiscal year 2011, and to 77% for the partial FY 12 (July 2011 – April 2012 data available).






in FH
Children in Family Foster Homes (FH)*
% in FH
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
80%
70%
60%
50%
40%
30%
20%
10%
0%
7,223
6,663
7,538
7,238
6,945
6,779
6,787
6,740
6,629
6,399
5,778
5,632
5,397
5,322
5,188
5,139
4,988
74%
70%
74%
74%
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Jul-07
Sep-07
Jan-08
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Nov-08
Jan-09
Mar-09
May-09
Jul-09
Sep-09
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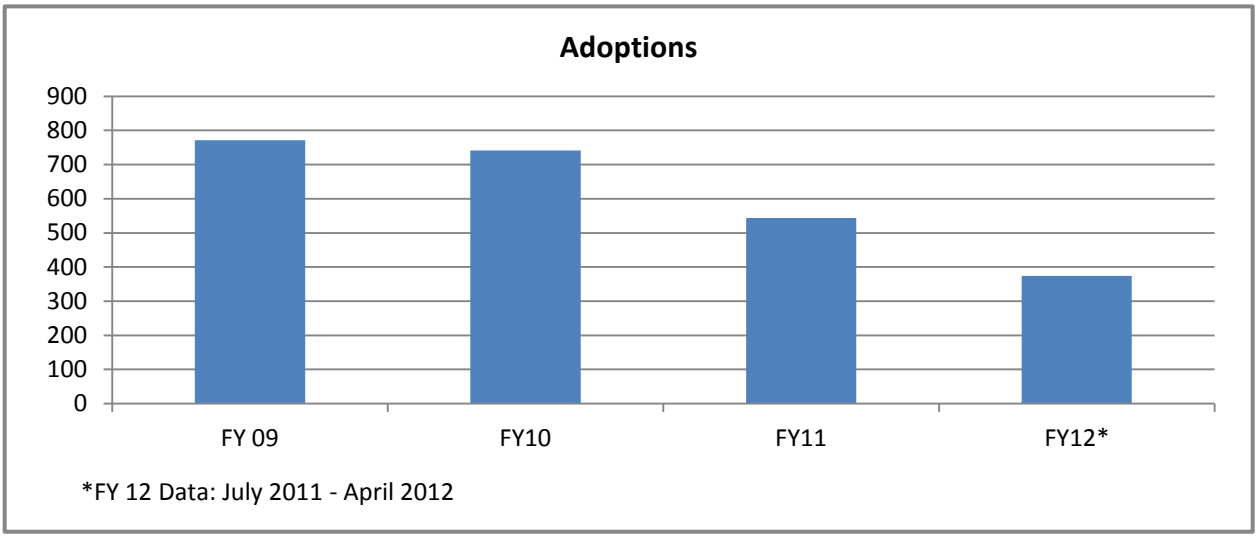
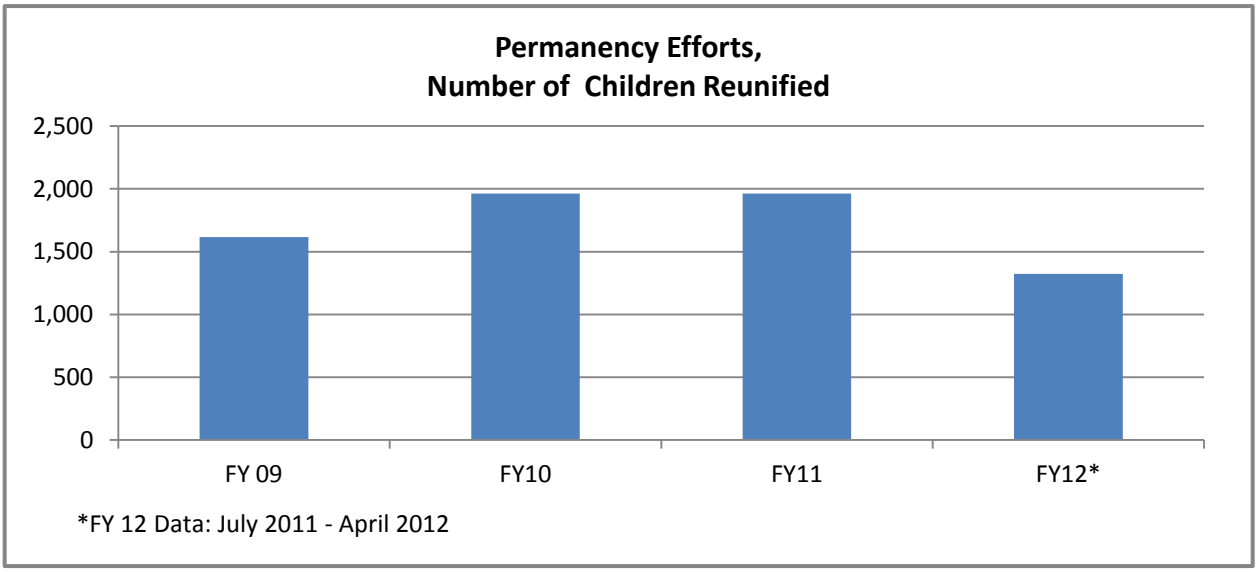
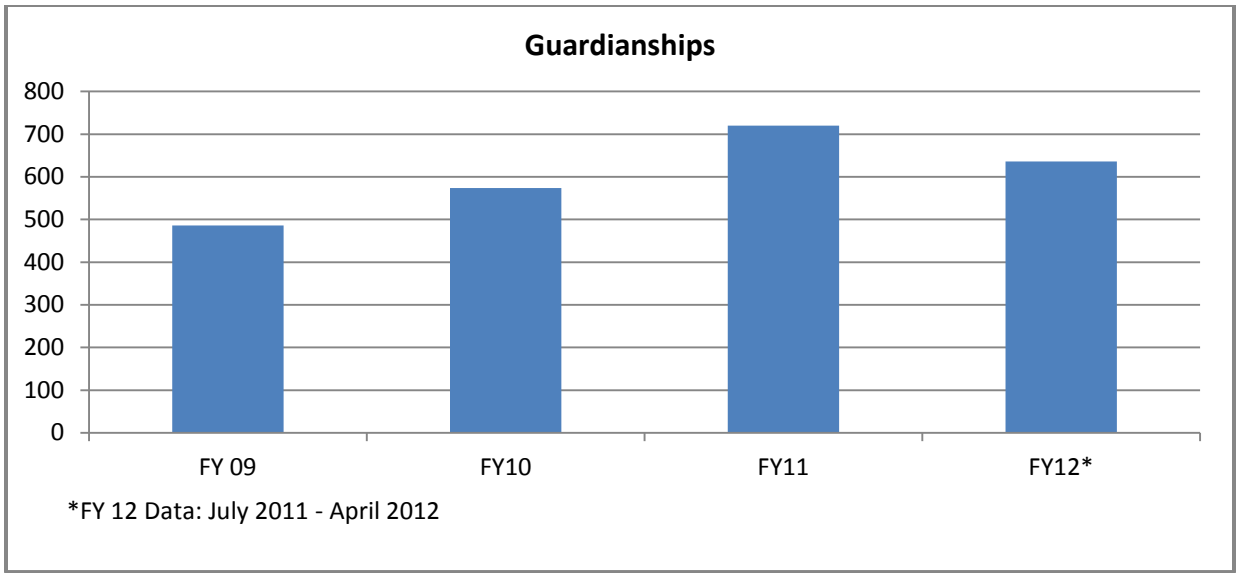
Jun-11
Aug-11
Oct-11
Dec-11
Feb-12
Apr-12


Adoptions
900
800
700
600
500
400
300
200
100
0
FY 09
FY10
FY11
FY12*
*FY 12 Data: July 2011 - April 2012


Permanency Efforts,
Number of Children Reunified
2,500
2,000
1,500
1,000
500
0
FY 09
FY10
FY11
FY12*
*FY 12 Data: July 2011 - April 2012



Successful implementation of "Place Matters" continues to be supported by the Maryland Child and Family Services Interagency Strategic Plan (see Appendix A), which directs the implementation of a coordinated interagency effort to develop a child-family serving system that can better meet the needs of children, youth and their families and target children who are at-risk for a range of negative outcomes (e.g. delinquency, child maltreatment, out-of-home placement, and poor school achievement).

2) Goals/Objectives

CHILD SAFETY OUTCOMES

The SSA is committed to protecting children first and foremost from abuse and neglect; maintaining children safely in their homes when possible and appropriate; reducing incidents of repeat maltreatment when children are under the care of their families; and protecting children placed in foster care from further maltreatment. A number of tools and strategies are used to assure the safety and well-being of children who come to the attention of the child welfare system. Many of the strategies outlined in the "Place Matters" initiative are aligned with the goal of providing safety for Maryland's children and families.

Goal 1: Children are first and foremost safe from abuse and neglect, maintained safely in their homes whenever possible and appropriate, and services are provided to protect them.

Objectives

1.1: By June 30, 2014, Maryland will meet the National Standard for Absence of Maltreatment Recurrence.

1.2: By June 30, 2014, Maryland will meet the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).

To achieve these objectives, SSA will focus its efforts on:

- Structured Decision Making
- Consolidated In-Home Services (Revised)
- Implementation of Signs of Safety (New)
- Implementation of CANS Assessments (New)

PERMANENCY OUTCOMES

SSA is committed to ensuring that children are in a home that is safe and provides an environment where they have an opportunity to grow into healthy adulthood. Maryland's goal is to develop and maintain living situations that will afford a child permanency and stability while allowing for continuity of family relationships, and on-going connections with friends and community. All twenty-four jurisdictions in Maryland (twenty-three counties and Baltimore City) operate foster care programs that work with the birth and foster families to develop the most appropriate permanency plan for each child. Maryland works to ensure that reunification, adoption, or guardianship occurs in a timely manner for children who are placed in out-of-home care. Birth and foster families are assisted in obtaining the services, such as counseling and health care, needed to meet the goals of the permanency plan. Each foster care program also works to recruit, train, approve and retain foster care providers. All children deserve a family therefore Maryland has a renewed focus on reunification, subsidized guardianship, and adoption.

Goal 2: Children will achieve permanency within a timely fashion, have stability in their lives and placements, and maintain connections to families and communities.

Objectives:

2.1 By June 30, 2014, Maryland will make continued improvement to National Standard Score of 122.6 on Timeliness and Permanency of Reunification.

2.2 By June 30, 2014, continue to improve exits to reunification in less than 12 months to move toward National Median of 69.9%.

2.3 By June 30, 2014, continue to improve exits to reunification, median stay (lower score is preferred) to move toward National Median of 6.5 months.

2.4 By June 30, 2014, continue to improve entry cohort reunification in less than 12 months to move toward National Median of 39.4%.

2.5 By June 30, 2014, Re-entries to foster care in less than 12 months (lower score is preferred) will maintain 11.4% Median score exceeding the National Median.

CHILD WELL-BEING OUTCOMES

The SSA is committed to preserving and enhancing the development of children in its care. To improve the well-being of children and families, Maryland consistently focuses on protecting children from abuse and neglect, ensuring permanency and stability, enhancing the capacity of families to provide for the needs of their children and providing appropriate educational and health services. Maryland is committed to developing a system of care that supports Child Well-Being Outcomes through the provision of individualized services and supports that are family- and youth-driven and community-based.

Goal 3: **Families have the enhanced capacity to provide for their children's needs, children and families are active participants in the case planning process, and children receive adequate and appropriate services to meet their educational, physical and mental health needs.**

Objectives:

3.1 School enrollment within 5 days of removal
3.2 Comprehensive health assessment within 60 days of removal
3.3 Annual health assessment for foster children within 30 days of anniversary of comprehensive health assessment.
3.4 Annual dental assessment for foster children within 30 days of anniversary of comprehensive health assessment
3.5 Family Involvement Meetings occur in 75% of child welfare cases
3.6 Completed Child and Adolescent Needs and Strengths (CANS) assessment for youth and family within 60 days of entering care

New Measure 3.6:
The CANS assessment will be used to gather information on the service needs of the youth and families in the child welfare system. This information will allow Maryland to evaluate the effectiveness of their placement decision making. Additionally, the CANS instrument provides information that will assist in the development of a coordinated continuum of care that includes a broad array of community-based services.

Strategies

Maryland's Program Improvement Plan (approved April 15, 2011) builds upon the Place Matters initiatives and includes the four themes. The themes and strategies were developed to address the areas needing improvement identified in the Final Report.

- Family Centered Practice
  - Complete FCP engagement and teaming training
  - Integrate FCP into pre-service and continuing education training programs
  - Development of facilitation curriculum and coaching model
  - Development of specialized coaching model
  - Increase non-custodial parent and extended family being engaged and involved in case planning
- Supervision
  - Development of a Supervision model incorporating
    - Training
    - Coaching/Mentoring
    - Support
    - Development of core requirements
  - Revision of safety and risk assessment tools
  - Implementation of Consolidated In-Home Services
  - Revision of Quality Assurance process
- Permanency

    - Development of case plan policy
    - Development of Youth Engagement Model (ACCWIC grant)
    - Development of policy on finding permanent connections for youth in out of home placement
    - Development of an Adoption manual
    - Revision of visitation policy
- Resource Development and Support
    - Improve the process for assuring consistency with the application of all standards to foster family homes and child care institutions
    - Integrate Child and Adolescent Needs and Strengths (CANS) into child welfare practice
    - Identify the process and/or mechanism to assure appropriate assessment of individualized educational needs
    - Identify the process and/or mechanism to assure appropriate development of needed services

In addition to the PIP strategies, Maryland has focused its efforts on:

- Transitioning Youth to Families Placement Protocol
- Transitioning Youth to Independence Initiatives
- Citizen Review Board focus on Adoption and APPLA Reviews
- Establishment of a Guardianship Assistance Program that promotes placement of children with a relative guardian
- Interagency Support for the Family-Centered Practice Model through Regional Care Management Entities and Wraparound Care Coordination
- Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices

3) Program And Strategy Updates

Family Centered Practice

In 2008 Maryland began the implementation of its Family-Centered Practice (FCP) Model which is the cornerstone of Maryland's child welfare service delivery. The core values, principles and implementation strategies of the practice model are aligned with improving the outcomes of safety, permanency and well-being through the active engagement of a child's family team throughout the continuum of child welfare services. The model encourages service delivery to be a continual loop of assessment, engagement, teaming, monitoring and re-evaluation and supports the ongoing transfer of learning training opportunities for staff to enhance the skills required to employ the practice principles. Maryland continues to explore opportunities and strategies to institutionalize the FCP core values and principles. In addition to training and community outreach efforts, ongoing technical assistance has been available to the local departments to align practice with emerging initiatives such as Youth Matter, Kinship Navigator and Family Finding.

Strengthening community partnerships serves as an essential strategy to successfully implement FCP. Our community providers are committed to supporting and serving children and families in Maryland. A 2-day Family Centered Practice training continues to be offered regionally to the

provider community. This training allows provides means to continuously engage service providers as vital community partners and keep them informed of current policies and activities being implemented in the local departments. During this report period, one class was held in which 28 provider staff was trained.

In the upcoming year the curriculum for the provider FCP training will be revised to integrate the policy development and new initiatives since the inception of the training in 2009. The training will be temporarily suspended until September 2012 to allow for revisions. Then, the quarterly training schedule will resume for new or untrained staff. One of the modifications to the curriculum will specifically include altering the class from a 2-day to a 1-day class since many of the attendees are familiar with Maryland's FCP model and have less questions about the practice.

Community partners participate as active team members in Family Involvement Meetings (FIMs) to share relevant information about the child's adjustment, offer resources to families and offer input into case planning and permanency decisions. In addition to the provider training, FCP outreach presentations have been conducted for a cross-section of stakeholders groups to share core practice values, teaming process during FIMs and updates on polices and initiatives. Since July 2011, there have been 3,507 service/community providers (non-child welfare foster parents or service providers), 783 private child welfare resource providers, and 811 public child welfare resource parents who participated in 2,469 FIMs held across the state. MD CHESSIE has been updated to capture certain FIM activities, these activities were added to the MD CHESSIE training that began in March 2012.

In the summer of 2012, an automated MD CHESSIE report capturing FIM activities will be piloted. The will report will connect FIM activities to Place Matters as well as safety, permanency and well-being outcomes. A facilitation coaching program to support the FIM facilitation staff was developed. The coaching model enables facilitators to obtain feedback and guidance to enhance their facilitation skills through a peer partnership. The Facilitation Implementation Guidelines developed by a workgroup of current facilitators and SSA staff were disseminated in June 2011. Seven jurisdictions participating in the Fostering Connections demonstration project were the primary focus of pilot facilitation coaching program. Local departments were asked to submit nominations of current facilitators to serve as either a local or regional coach. Eight coach nominations, including one facilitator from a non-Fostering Connections jurisdiction were received and accepted.

Coaches were trained in November 2011. Monthly coach conference calls are coordinated to offer peer support and skill reinforcement to the facilitation coaches. The recruiting of new facilitators to be matched with a coach as part of the enhanced communication strategies will continue. Several SSA staff participated in the coaching training to acquire additional skills to use in the process of delivering technical assistance to local departments. SSA participants have been paired as coaching teams for ongoing practice.

The coaching pilot phase will end in June 2012. The results on practice are pending the end of the pilot coaching cohort. Feedback on the model will be gathered from the coach and review along with the pre and post participant surveys. After refining the coaching model based on

feedback from the pilot cohort, statewide recruitment and training for coaches will be offered beginning in fall 2012.

The FCP Oversight Committee continues to meet bi-monthly to monitor the FCP implementation and offer recommendations for program improvements enhancements to sustain the practice efforts. The meetings have moved from monthly to bi-monthly as to not overextend the members with too frequent meetings and to allow for more time for work to be conducted in between meetings. The committee includes a cross-section of stakeholders and local department representatives. Members from the Youth Matter Steering Committee joined the FCP Oversight Committee after the youth engagement model was finalized. The mixture of committee members (foster parent, advocates, attorneys, and youth oriented placement agencies etc) allows for the inclusion of different perspectives. Members may provide information on a particular practice unique to that group or share information about upcoming activities thus ensuring better coordination and communication on all levels. SSA has been extremely successful gaining the participation from youth for short-term projects. Sustaining the involvement of families and youth has been a challenge. Efforts will continue to recruit and engage families and youth to be involved in this administrative discussion.

Supervision Model

Maryland believes that supervisors are the cornerstone of practice and they need to be trained, supported and coached effectively. Therefore, in May of 2011, Maryland began the development of its Supervision Model with the support of Casey Family Programs. The model was developed by a workgroup that consisted of central and local staff facilitated by Marsha Salus who has been training supervisors in Maryland since 2006. The workgroup met monthly from May through December 2011. As a result of this workgroup, Maryland's Child Welfare Supervision Model, "Supervision Matters", was developed. The components of the model are:

a) Clearly defined standards and expectations of the supervisor
b) A comprehensive training system for new and experienced supervisors, including state-of-the art transfer of learning strategies
c) Peer-to-peer learning
d) Coaching and mentoring of new supervisors
e) Screening tool to be utilized in recruiting, screening and selecting new supervisors
f) Ongoing support for supervisors
g) Performance appraisal system consistent with the standards and expectations of supervisors

The workgroup also developed standards and expectations to define effective supervisory practice. The conceptual framework around which the standards and expectations were developed delineated the roles of the supervisor:

a) Effective Leadership
b) Building the Foundation for Unit Performance
c) Building the Foundation for Staff Performance
d) Promoting the Growth and Development of Staff
e) Case Consultation and Supervision

f) Supportive Supervision
g) Managing Effectively in the Organization

The standards and expectations provide a model for child welfare supervision, clarify what is expected of a supervisor, provide the foundation and focus of new and advanced supervisory training and provide the basis on which supervisory performance is evaluated.

Implementation of the model will be conducted in seven pilot sites (Anne Arundel, Charles, Frederick, Prince Georges, Queen Anne, Somerset, and Worcester counties). A Kick-off for the model was held on May 31, 2012. In attendance were the Directors, Assistant Directors and Program Managers of the seven pilot sites, along with several of the Supervision Model workgroup members. They were given an overview of the model and the expectations of the pilot sites. The expectations are:

a) Support for participating in the project from all levels of management
b) New supervisors (less than 1 year of supervisory experience) will participate in the pilot delivery of the twelve-day new supervisor training program (delivered 2 days per month over a six month period) and provide feedback on recommended revisions to the training program
c) All supervisors in the pilot counties who have not completed the Excellence in Supervision course (delivered to new supervisors through the Child Welfare Training Academy since 2006) will participate in the pilot delivery of the twelve –day new supervisor training program (delivered 2 days per month over a six month period) and provide feedback on recommended revisions to the training program
d) The Assistant Director/Program Managers, who directly supervise the supervisors, will support and reinforce the supervisor's transfer of learning. They will meet with the consultant ½ day per month during the six months their supervisor(s) is participating in the training to receive an overview of the current supervisory module and their role in reinforcing and supporting their supervisor's application of knowledge and skills to the job. If appropriate, they will provide recommendations to enhance the transfer of learning process
e) The pilot counties will evaluate the standards and expectations for supervisors to identify barriers for implementation and strategies and supports needed for successful implementation
f) Pilot counties will conduct a self evaluation to determine if they can provide the needed support to implement the project.

Training is scheduled to begin in July 2012 Casey Family Programs is providing evaluation technical assistance and support of the evaluation model.

Safety and Risk Assessment and Consolidated In-Home Services
Consolidated In-Home Services

In July 2012, Maryland will implement a Consolidated In-Home Services model statewide. The Consolidated In-Home Services model is designed to provide comprehensive, time-limited and family focused services to a family with a child at-risk for an out-of-home placement or at risk for future maltreatment. Under this new approach, the determination of case acceptance and subsequent level of service will be driven not by a service category designation, but rather by the combination of child safety and risk of maltreatment assessments:

- **Level 1: Conditionally safe and a safety plan in place**
- **Level 2: Safe with moderate to high risk**
- **Level 3: Safe with low risk**

The intensity of the service provided (i.e. direct service hours by the worker) is based upon the specific needs of the family. The model allows for supervisory discretion to be applied to the types of cases (levels) that are given to any individual worker on the basis of expertise, knowledge and work experience, as long as the worker's caseload does not exceed 18 hours per week of face to face contact.

When the child welfare worker updates either the Safety or Risk Assessments, the level of service intensity may change, and the worker will be able to observe these shifts in Safety and Risk and plan hours of service for each family served accordingly. Cases can be transitioned according to the needs of the family without a change in workers, providing continuity of service and practice. The new model is dependent upon accurate and reliable assessments of both safety/danger and risk of future maltreatment.

In December 2012, Maryland will implement the California Family Risk assessment which is an actuarial based assessment and has been tested for reliability and internal validity. The new risk tool will replace the Maryland Family Risk Assessment.

Safety and Risk Assessment

Children's Research Center (CRC) worked with Maryland on an approach to learning that the state termed Safety Seminars. As noted in the last report, DHR initiated these Seminars with In-Home supervisors on the eastern shore with support of CRC and Casey Family Programs. Each of the eight eastern shore counties identified one supervisor and that person's supervisor, usually an assistant director for services, as most of the counties are relatively small. The two worked as a team during the seminars. This approach was chosen after having asked supervisors and administrators who had the largest impact on their practice. Seminars included two full days of face-to-face meetings and several webinars. Face-to-face meetings proved to be better received than did the webinars.

Based on input from the participants, the Signs of Safety (SoS) framework was considered effective and beneficial to the practice of assisting workers in assessing and planning for risk and safety factors with children and families. As a result of the input, the decision was made to move to a statewide implementation and training.

The Signs of Safety framework is designed to provide all stakeholders in a child protection case with shared participation and shared focus, inclusive of both family and professional. This framework is supportive of Maryland's current focus on the Family Centered Practice Model. It

provides the worker and supervisor with a way of thinking about risk and safety which acknowledges that all families have at some point acted to protect their children and are capable of using these protective factors to keep their children safe in the future.

Signs of Safety is being implemented in three ways: a one-day option for supervisors and administrators, a two-day option for existing workers and via incorporation into pre-service risk and safety training. The one-day training for supervisors and administrations was instituted in varying locations across the state to be completed by July 2012. The training for existing workers who have already completed preservice training began in March 2012 and should be completed by December 2012. Signs of Safety was incorporated into the mandatory training on risk and safety for new state child welfare staff in March 2012. The practice will be rolled out as staff are trained in the various local departments. Supplemental training for workers and supervisors will be incorporated into the CWA in service training schedule.

In addition to training all staff, "practice leaders" will be identified. The practice leaders are individuals who demonstrate not only a good grasp of the material but also an enthusiasm for the model. Practice leaders will undergo additional peer to peer training which will be conducted beginning in March and continuing through the calendar year.

Maryland has also begun the development of Family Version of the Child and Adolescent Needs and Strength (CANS) Assessment based upon the family-focused Family Advocacy and Support Tool (FAST) and the youth focused Child and Adolescent Needs and Strength (MD CANS) tool. This new assessment tool, the CANS Family (CANS-F), will assist in-home service workers in the identification of strengths as well as underlying issues and needs for families that have been brought to the Department's attention. A workgroup comprised of representatives from the In-Home Service Units from Anne Arundel, Wicomico and Frederick County and a representative from the Institute for Innovation and Implementation at the University of Maryland, worked closely with the Department over a 6 month period to design the CANS-F.

The CANS-F is comprised of a comprehensive family system assessment as well as individual caregiver and youth assessments. It centers on the family unit as a whole for planning and measuring of service needs; therefore, all members of the household, regardless of age, are included in the assessment. Completing the CANS-F throughout the life of an in-home service case can help verify that the interventions or recommended services are successful in affecting change for the family.

CANS-F assessments will be completed by a worker who has successfully completed their CANS certification training. The initial CANS-F will be completed within the first 30 days of the referral or case intake date and will be updated every three months that the case remains open as an in-home services case. In-Home Supervisors will work with their case workers to ensure that the assessments are conducted appropriately and contain accurate information on all members of the family

The CANS-F will initially be piloted in Anne Arundel, Frederick and Talbot County using a Word version of the assessment. The initial training, and pilot kick-off, for the CANS-F was conducted in June 2012. Training in the CANS-F assessment includes:

- A review of the CANS-F assessment
- Best practice guidelines for strength-based, culturally competent, and family centered use of the CANS-F assessment
- Instruction in using the information gathered for the CANS-F assessment towards the creation of strength-based family service plans.

A total of 70 In-Home Services workers and administrators are scheduled to be trained. Technical assistance will be provided to the pilot sites through regular phone and e-mail contact and bi-monthly meetings. At these meetings the team will review the CANS-F data and discuss "lessons learned" during the implementation process.

Interagency Family Preservation Services

In addition to Consolidated In -Home Services, Maryland also offers Interagency Family Preservation Services (IFPS). Interagency Family Preservation Services provides intense services to families with a child (ren) at imminent risk of out-of-home placement. Referrals can come from multiple sources and are served by workers with small caseloads who are able to provide more frequent and sustained contact. Each jurisdiction has the option to operate the program within the local department, with the department as the vendor or to utilize outside vendors. Currently the department is the vendor in 18 jurisdictions, with the remaining 6 jurisdictions contracting with private vendors.

Birth Match

Maryland law requires the State to match new births against our data base for parents who previously had their parental rights terminated for a child where there was also an indicated Child Protective Services (CPS) finding. DHR receives an electronic list of births from the Department of Health and Mental Hygiene that is matched against DHR's records. If there is a match Local departments are notified and required to make contact with the family to assess the safety of the newborn child and determine if services are needed. In FY11, there were 99 total matches. 48 families were receiving services at the time of the match. Of the 51 assessments initiated, 3 were incorrect matches, 21 required no further services, 10 cases were opened for further assistance, and 17 cases are still pending assessment. The birth match process in Maryland has resulted in the provision of needed preventive services for families assessed as needing assistance.

PERMANENCY STRATEGIES

As stated previously, Maryland has reduced the number of children in out of home care by 33% since 2007. This reduction has been a result of children leaving the system to reunification, adoption and guardianship. Maryland strongly believes that every child deserves to grow up in a permanent, safe, loving family. The Foster Care Program in the State of Maryland features a family centered approach that encourages foster parents to play an active role with the birth family in planning and carrying out the goals of the permanency plan. Using the Family Centered Practice model, foster children are placed in homes that are in their own community thereby keeping the children connected to their home school, friends and resources within their neighborhood.

In order to improve our permanency outcomes Maryland has implemented a number of strategies since the last report.

Out-of-Home Manual and Case Plan

Maryland has revised the Out-of-Home Placement (OHP) manual. The new manual reflects the major changes in federal regulation and policy. The manual also focuses on Family Centered Practice as Maryland's service delivery model for child welfare services. The manual was compiled with assistance of the local departments of social services' staff throughout the State. In addition, revisions to the Maryland Out-of-Home Placement regulations were completed. The updated regulations include federal requirements for out-of-home placement services, as well as laws enacted by the State of Maryland. A new regulation chapter was created for the Guardianship Assistance Program.

During FFY '12 Maryland evaluated its Out-of-Home Placement Services Caseplan both in form and content. As a result, the need to make revisions to the Out-of-Home Placement Services Caseplan was apparent. The Caseplan is the ongoing case assessment and reassessment tool to ensure that services are rendered that meet each child's permanency, safety, and well-being needs. Maryland formed a work group of local department staff and the Foster Care Court Improvement project staff to identify best practices and provide guidance on improving the Caseplan instrument and the permanency planning process.

The Caseplan has substantive changes scheduled to be fully enacted June 2012 to comply with Title IV-E requirements. Further Title IV-E related enhancements for the caseplan include incorporation of the Youth Transition Plan and also case planning elements for the enactment of a guardianship assistance subsidy.

There have been additions in regard to education, health, siblings and visitation. There are further slated changes for documentation of Title IV-B requirements that will be included in the full revision. The full revision of the Caseplan will redefine and enhance documentation of permanency planning including:

- Concurrent planning
- Petitioning the court for early review for a necessary change of permanency plan
- Collaborative efforts between the caseworker and local department attorney to prepare case for termination of parental rights
- Methodology to involve parents and youth in case planning
- Parameters and guidelines for child-parent visitation to promote reunification and ensure on-going parent-child relationships and sibling visitation.

During FFY '13 all substantive changes to the caseplan will be completed, and the Caseplan format in MD CHESSIE will be further revised to ensure that the required information is included and printable in a format appropriate for dissemination to appropriate parties, including the court. A policy and subsequent training will be initiated when the revisions are complete.

Permanent Connections for Youth

The Transitioning Youth to Families (TYTF) initiative was developed to identify youth in congregate care settings who are ready to transition to families with an emphasis on biological

families. The initiative provides a mechanism to standardize procedures for identifying and accessing the most appropriate placement consistent with the best interests and needs of the child. The TYTF initiative:

- Prioritizes permanency;
- Specifies preference for children living in families and in their communities,
- Requires that children and families be involved in decisions about their lives,
- Outlines appropriate use of congregate care, and
- Requires an approval/sign-off process for congregate care placements.

As a result of this policy the number of youth in group care setting continues to decrease. As stated earlier, Maryland has reduced the percentage of youth in group homes by more than 50%. As of April 2012, in 6 jurisdictions including Baltimore City, the percent of youth placed in group homes is below 10%. In FFY '13, Maryland will continue its efforts to ensure youth are placed in family setting in accordance with the needs of the youth.

Family Finding

Family Finding is an initiative designed to promote permanence and foster meaningful and lifelong connections between youth and their families of origin. Family Finding builds on the tenets of Place Matters and Family Centered Practice to enhance best practice across the state. The goals are to prevent children and youth from languishing in foster care due to failure of the child welfare system to engage potential relative resources in a timely manner, and to ensure supportive connections for children and youth upon their exit from Maryland's child welfare system. Maryland's Intensive Family Finding initiative is based on the model developed by Kevin Campbell, which is a six step process focused on methodical search, identification, assessment, engagement and sustaining family resources to offer relational permanence and/ or placement for youth in care without a plan of reunification or those without an identified permanent family resource. Family Finding enhances current child welfare practice through engaging and teaming with families to facilitate meaningful family connections that will continue when child welfare services have ended. The Family Finder provides an extension of case management services to assess relatives as potential placement resources and establish relational permanence.

As part of the Fostering Connections Demonstration Project, Maryland Department of Human Resources/ Social Services Administration (DHR/SSA) piloted Family Finding in seven jurisdictions. The pilot counties were Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington and Baltimore City. The target populations for the pilot project are older youth in care with a plan of Another Planned Permanency Living Arrangement (APPLA) and youth who have re-entered OHP as a result of adoption dissolution. Developing a stable, caring relationship with an adult who is willing to provide emotional support after emancipation increases the chances that the youth will transition successfully.

Family Finding Data

- A total of 194 cases have been opened in the seven counties, with 36 new cases opened since October 2011. Prince George's County has only included their non-APPLA cases and Baltimore County has only included cases opened prior to the start of the Child Trends randomized study.

- The average age of the children served was 15 with a range of 0-21 years of age. Roughly half (54%) of the children served were male and 64.4% were African American, 23.2 % were white and the remainder were Latino, 6.7% or "other", 5.7%.

- The most common permanency goal at the start of Family Finding was APPLA (39.2%), with the next highest goal being Adoption with a non-relative (7.2%).

- The average length of time a child was in the current placement at the start of Family Finding was 19 months, with a range of 1-189. As of March 2012, the average length in placement was 16.1 months.

- Children were divided between non-relative foster care (42.3%) and group homes (29.9%) with the rest in relative foster care (2.6%) and residential treatment centers (6.7%) at the start of Family Finding.

- On average each child had 9.3 connections with family already existing at the start of Family Finding, with a range of 1.9-22.8. This is very similar to the last reporting period.

- On average 5.7 search strategies were used per child, with a range of 4.2-7.3 strategies used per child. The most common strategies were, case record review, talking with the case worker, use of Accurint (a search engine tool) and talking with the child. This highlights the importance of the case worker and his or her assistance in the Family Finding effort.

- The average number of relatives found per child was 10.1 with a range of 3.6-29.5. The average number of family members contacted was 5.4, with a range of 2.3 -13.2. The average number of family members engaged was 3.8 with a range of 0.9-12.2. There is quite a large range across counties between numbers of relatives found, contacted and engaged, and some discussion has been had with the Family Finders regarding is this a difference of definition of terms, or is this a difference in actual practice. County differences may also exist due to the varied Family Finding Full Time Equivalent devoted to Family Finding practice. This is a finding that is being evaluated in the process evaluation through interviews and focus groups with the Family Finders.

- More than half of the cases are still open (51%) and conclusions regarding placement at time of Family Finding case closure are only preliminary. The most common types of placements specified at closure were with non-relative foster families (43.3%), in group homes (12.2%) and the majority was in other, not specified, placements at closure (34.4%). This underscores the difficulty of working with older youth, as reported by the Family Finders.

- Cases were closed after an average of 31.1 weeks with a range in service of 4-81 weeks.

The Family Finding efforts for FY13 will include:

1. Finalization and statewide dissemination of Maryland's Family Finding Policy

2. Develop Family Finding Training curricula for Family Finders and DHR/SSA case management staff
3. Begin statewide Family Finding Training
4. Begin statewide Family Finding Implementation Activities

This program is part of the efforts to provide personal and emotional support to youth aging out of foster care.

Transitioning Youth Services

Maryland continues to engage youth and assist them in developing transition plans that are youth driven and will aid them in making a smooth transition to self-sufficiency. The Transitioning Youth Services Program provides independent living preparation services to foster youth, ages 14 to 21. The program is designed to assist youth in obtaining the life skills and support necessary to make a successful transition from out-of-home care to self-sufficiency. Independent living services generally include assistance with money management skills, educational assistance, household management skills, employment preparation, health care and other services as needed.

As of April 2012, there were 3,724 youth between the ages of 14 and 21 who were eligible for independent living services, compared to 4,141 as of May 2011. As of April 2012, 304 youth were in Independent Living Placements, compared to 395 youth in Independent Living Placements as of May 2011. DHR has placed a great emphasis on preparing youth to live independently in our regional meetings with local staff. As a result, there has been an increase in the number of older youth transitioned from group homes to independent living programs.

Over the next year DHR will focus on changing the policy and practice for transitioning youth ages 14-21. The goal of changing practice is to ensure that youth transitioning out of foster care are self sufficient. A Transitioning Youth Manual is being developed. The manual will be distributed to all local department staff to serve as a "how to guide" for providing services to transitioning youth. The main areas the manual will cover: Transition Plan, Casey Life Skills Assessment, Independent Living Service Agreement, Semi Independent Living Arrangement, and After Care Services. Technical assistance and training will be provided to the local departments at the regional out-of-home managers meetings, Independent Living Coordinators monthly meetings, and incorporating the new practice in the Out-of-Home Placement training provided to staff by the Child Welfare Academy.

Adoption

Adoption Services has the best interests of children waiting for permanent homes in foster care as the primary focus. The goal is to develop permanent families for children who cannot live with or safely be reunited with their birth parents. The state of Maryland's Adoption Program assists local departments of social services and other partnering adoption agencies in finding adoptive families for children in the care and custody of the State. The range of adoption services includes study and evaluation of children and their needs; adoptive family and resource parent recruitment, training and home study, child match and placement, and post-adoption support. In April 2012, revised Annotated Code of Maryland Regulations (COMAR 07.02.12) for Adoption were published. The revised regulation's main focus is on adoption assistance, IV-

E, Non-recurring, State and Post Adoption. The sections removed from the Adoption Regulations were consolidated with either the Out-of-Home or Resource Home regulations.

The adoption program also includes mediated "open" adoption when it is in the child's best interests, the Mutual Consent Voluntary Adoption Registry; the Adoption Search, Contact and Reunion Services (ASCRS), the Post Adoption Services Permanency Program, (which provides a limited funds for families when the adoption is at risk of disrupting), the Adoption Assistance Program; Title XX Child Care Reimbursement; and the Non-recurring Adoption Expenses reimbursement. Adoption Subsidy may continue until the age of 21 as long as the agreement is entered into prior to the youth's 18th birthday, and if the child continues to meet eligibility requirements, such as continued special needs status or school enrollment. Maryland's child welfare services continue to emphasize concurrent permanency planning, and dual approval of resource homes to increase the number and timeliness of adoptions of children in out of home care.

As of March 2012, 680 children in out-of-home care had a plan of adoption. . Maryland has had a steady decrease in the number of children in out-of-home care largely due to an increasing number of children leaving care through adoption and reunification. For the past, four years nearly 68% of the youth with a plan of adoption have been adopted each year. The reduction in the overall number of youth in care and the consistent percentage of youth being adopted each year are contributing factors to the reduction of the number of youth with a plan of adoption.

Of the 680 children with a plan of adoption, 347 were legally free for adoption. Legally free children who lack an adoption resource were registered in the Maryland Adoption Resource Exchange (MARE) the AdoptUSKids nation's adoption exchange database to locate an adoption resource. In April 2012, the use of MARE was discontinued; streamlining the process now workers directly photo list youth on AdoptUSKids. In SFY 2011 Maryland finalized 544 adoptions. The Statewide goal for SFY 2012 is 464.

Four statewide Adoption Assistance Trainings have been scheduled from March 2012-December 2012. The purpose of the training is to provide local department staff with a clear understanding of how to negotiate adoption subsidy assistance agreements. Maryland plans to train 200 staff in all local departments of social services. The 200 trained staff will serve as the experts in their local departments.

A draft Adoption Manual has been developed. Maryland has received input and distributed provided in the early fall 2012. In addition, Adoption Subsidy Booklets, one for Professionals and one for Families have been developed these manuals will provide direction and assistance for workers who are in adoption subsidy negotiation with families, and will provide to families a clear set of expectations regarding the role and purpose of adoption subsidy. These manuals will be finalized and rolled out for use by the local departments of social services by December 2012. The practices outlined in the manual will be reviewed during the quarterly out-of-home supervisory meetings as well as at the Regional Supervisory Meetings.

Guardianship Assistance Program

The Guardianship Assistance Program (GAP) serves as another permanency option for relatives caring for children in out of home care. The goal of this program is to encourage relative caregivers to become legal guardians of children who have been placed in their home by the local department of social services by removing financial barriers. A relative agreeing to participate in the GAP is granted custody and guardianship of the child in their care with a subsidy that includes a monthly payment and Medical Assistance. The assistance payment is a negotiated rate that can be up to 100% of the foster care board rate. Under certain circumstances, the GAP payment can continue until the youth reaches age 21. In the past year, we instituted major enhancements to the MD CHESSIE system, provided training to LDSS staff, and adopted new regulations (COMAR 07.02.29). Maryland has been approved for Title IV-E reimbursement of eligible children for GAP.

As of May 30, 2012, 1,748 children are receiving guardianship assistance payments, compared to May 30, 2011, 1,175 children, a 49% increase over last year. SSA will continue to monitor the program and offer technical assistance to local department of social services (ldss) staff regarding policy and practice. Trainings on GAP will continue to be offered and included in the concurrent permanency planning policy and training.

Child and Adolescent Needs and Strengths Assessment (CANS)

Since July 2011, DHR has been using the Maryland Child and Adolescent Needs and Strengths Assessment (MD CANS) to assess youth in out-of-home placement settings. This aligned the public staff with private agency staff that has been using the CANS tool since 2009. The MD CANS assessment is intended to elicit information about a particular child's strengths and needs to be used for service planning and placement intensity identification. MD CANS was incorporated into MD CHESSIE in early FY2011 in preparation for DHR staff completing the assessment. A policy was issued detailing the triggers and frequency for completing the assessment. All children over age 5 entering Out-of-Home (OHP) will have the CANS completed within 60 days of entry into out of home care. Children already in care will have the assessment completed at one of several triggers which will result in a requirement for every child over age 5 to have had an assessment by June 30, 2012. Quarterly compliance reports are being developed that will be distributed to each local department outlining their CANS completion data. The reports will be detailed to include the names of children for whom a CANS has not been completed.

DHR has partnered with the Institute for Innovation and Implementation at the University of Maryland, to assist with the implementation of the CANS assessment across the child welfare system. One initiative from that partnership is the Child and Adolescent Needs and Strengths (CANS) Level of Intensity Project. The project is designed around a new service planning/decision making process and is being piloted in three counties in the state of Maryland. The goal of this project is to create a standardized process of matching youth needs and strengths to appropriate services. The resulting framework will assist local departments in making placement decisions and ensuring appropriate services are made available to children in out of home placement.

The process uses an algorithm based on the Child and Adolescent Needs and Strengths (MD CANS) assessment to recommend level of service intensity and connect child welfare involved

youth and their families to appropriate services and placement resources. This information will allow the Department to evaluate the effectiveness of placement decision making. Additionally, the CANS instrument provides information that will inform the development of a coordinated continuum of care that includes a broad array of community-based services. Patterns of CANS item ratings indicate one of three levels of child need (i.e., low, medium or high). Each level of child need is then linked to a matrix of service recommendations. This matrix is being developed for each of the seven placement types (i.e., Home, Kinship Care, Regular Foster Care, Low Intensity Group Home, Therapeutic Foster Care, Regular Group Home, Therapeutic Group Home, and Residential Treatment Center) within each of the three levels of child need. Item ratings lead to service recommendations for each possible placement option and provide a framework for discussing service needs within the context of the Family Involvement Meeting (FIM) process.

The evaluation of the CANS Algorithm process links CANS data with child welfare service, placement and outcomes data collected through the state's SACWIS system. Baltimore County has been involved in the project since March of 2010, while Anne Arundel County and Wicomico County joined in the design of the Level of Intensity work flow process in January of 2012. These three counties have all contributed to the development of recommendations for statewide implementation of the Level of Intensity Decision Support tool.

Continuum of Kinship Decision-Making Project - Kinship Diversion

Maryland recognizes the importance kin resources play in the lives of children either through placement or supportive permanent connections. Family Involvement Meetings (FIMs) serve as an opportunity to engage relatives and ensure they are active team members in the case planning decision making process. In an effort to further Maryland's approach to engaging relatives and exploring their appropriateness as placement resources, SSA has partnered with Annie E. Casey Foundation (AECF) to assess the decisions made to divert children and youth from out-of-home care and approve the homes of prospective kinship caregivers. AECF will conduct focus groups and interviews with local department administrators, FIM administrators, CPS supervisors and caseworker and kinship care providers in Allegany, Anne Arundel, Baltimore, Charles, Kent, St. Mary's and Washington Counties. ACEF will submit a report and those recommendations will be used to inform revise policy and training decisions to promote safe and stable placements with relatives.

Kinship Navigator and Resource Center

The Kinship Navigators are local department staff or contracted vendors. The Kinship Navigators will be involved in the information and referral and community outreach for informal relative caregivers. The Kinship Navigators will also facilitate support groups for informal kinship caregivers. As appropriate, the Kinship Navigators will assess informal caregivers and make referrals based on the Consolidated In-Home Services policy.

The Request for Proposal (RFP) for the Kinship Care Resource Center was issued in November 2011. The proposal responses for the Kinship Care Resource Center contract exceeded the available fiscal resources to execute the contract. As a result, the solicitation was cancelled. SSA is exploring ways to manage the oversight of tasks outlined in the scope of work for the

Resource Center. The revised approach will capitalize on the expertise developed during the Fostering Connections demonstration project to use the Kinship Navigators as local gatekeepers for kinship care services and resource. The tentative plan is to reallocate those funds directly to the local departments to support the work of the Kinship Navigators. SSA will oversee the statewide network of kinship care resources and maintain the website and other informational materials, such as brochures and fact sheets.

Monthly kinship caregiver support groups continue to be held in Anne Arundel, Baltimore Charles, Montgomery and Washington Counties. Advisory board meetings are being held in Anne Arundel, Charles and Washington Counties. Baltimore and Montgomery Counties plan to merge advisory boards with established groups. Resource guides were developed by Anne Arundel, Baltimore, Charles, Montgomery, Prince George's and Washington Counties. As part of the funding for Fostering Connections pilot sites, an RFP was issued to solicit a legal partner to conduct educational workshops for relative caregivers. Regional legal informational workshops will be scheduled once the vendor's contract is finalized.

There are plans to b**egin statewide Kinship Navigator implementation from July 2012-September 2013 include the following activities:**

- Extend invitations to join statewide implementation teams and support groups as jurisdictions are scheduled
- Add new cohort quarterly based on implementation consideration for emerging initiatives
- Convene technical assistance teams for implementation sites
- Round 1: September 2012 - Northern (Cecil, Harford), Lower Shore (Dorchester, Somerset, Wicomico, Worcester)
- Round 2: January 2013 - Southern (Calvert, St. Mary's)
- Round 3: May 2013 -Western (Allegany Garrett), (Carroll Frederick)
- Round 4: September 2013 - Upper Shore (Caroline, Kent, Queen Anne's, Talbot)

Maryland Caregivers Support Coordinating Council

DHR participates on the Maryland Caregivers Support Coordinating Council on an ongoing basis. The Council examines family care giving issues across the lifespan and makes recommendations for the coordination of services for all caregivers. The Council advocates for caregivers and they seek to empower them through policies that support them.

The Council's 17 members are appointed by the Governor and 5 members specifically represent children and families via an organization or as a family caregiver of a child with a special need or disability. Over half of the remaining Council members are involved in organizations that serve or provide administrative oversight to both Adults and Family/Children's services.

During the past year the Council worked on the following activities:

- Partnering with the Maryland Access Point to begin including information on children and family services/concerns regarding family caregiving on the web site.

- Partnered with the Maryland Respite Care Coalition, Inc. to ensure that children and family issues were part of the 14 Annual Maryland Respite Awareness Day Conference by developing a workshop on Kinship Care Issues and Resources in Maryland. The workshop was presented by Dr. Frederick Strieder of Family Connections.

- Developed a brochure in partnership with the Department of Health and Mental Hygiene to provide lifespan planning for all family caregivers.

- Working to release a DVD with DHR to raise public awareness of Family Caregiving - The Council has interviewed over 30 plus family caregivers and advocates across the lifespan for this project.

Supportive Services To Informal Kinship Providers
The Department of Human Resources (DHR)/Social Services Administration (SSA), in its commitment to vulnerable children and adults recognize that children belong with families, especially their family of origin, when possible. Maryland recognizes that there are many families that are raising their grandchildren, nieces/nephews, and cousins outside of the child welfare system. Maryland has established supports to assist these families to meet the needs of their children, including the designation of a staff person to serve as the Kinship Coordinator for Maryland. The coordinator is responsible for providing information and referral, technical assistance, and advocacy to assist informal kinship providers caring for children who are not in Out–of-Home care.

RESOURCE DEVELOPMENT

Foster and Adoptive Parent Recruitment
Maryland continues to need resource parents for teens, sibling groups and medically fragile children. Though gains have been made in these areas, especially through educating current resource parents, they remain the most needed. Recruitment of minority resource parents, in particular Spanish speaking parents, continues. In many instances, the potential resource parents who respond to outreach efforts are only interested in younger children or children solely available for adoption.

Local department of social services are required to submit to DHR/SSA their Recruitment and Retention Plans annually. These plans update the State on their progress in the recruitment of new resource homes and their current needs. Also included is specific information on the ages and ethnicities of children in care and the number of current resource homes for those children.

As of March 2012, the statewide reported race for children in care: Black/African American only, 67.2%; White/Caucasian only, 25.3%; Other 0.3%, Multiple, 3.1%; Missing 4.1%; Hispanic, 4.1%. These percentages fluctuate very little throughout the year. Older Youth 14-20 account for 54% of the caseload. From this information, local departments choose strategies targeted at finding families for the children in need of homes in their jurisdiction. These plans are reviewed and approved by staff at DHR/SSA and funding is allotted to assist with the strategies outlined. The recruitment and retention plans must indicate what activities the local

department will plan to recruit for resource parents for older youth and sibling groups or any other resource need identified by them. The plans also identify strategies to assist in the retention of resource homes. Some of the strategies local departments used for recruitment and retention include:

- E-mailing profiles of teens and sibling groups needing placement to all active resource parents
- Engage youth and resource parents of teens in public education activities- given gift cards as incentives for participation
- Maintain updated local department website that focuses need for foster/adoptive families for teens
- Utilize young adults who are currently involved in the Independent Living Program to recruit foster families for older children. Also include young adults who have successfully aged out of foster care- $50 stipend per child per event
- Send "New Year, New Start" post cards to those who received information or attended information session but did not follow up with PRIDE training
- Develop Facebook Page to help recruit foster/adoptive parents using the popular social media
- Quarterly calls and yearly surveys to receive feedback and provide support to foster/adoptive parents
- Retain current families by providing support, encouragement, training and fun things to do with other resource families
- Appreciation activities for current resource parents to acknowledge and thank resource parents for their hard work and dedication throughout the year
- Quarterly roundtable discussion/training for current and prospective resource parents

The Maryland Foster Parent Association has recently officially changed their name to the Maryland Resource Parent Association (MRPA). They intend to expand their membership to include adoptive parents in the future. This year MRPA provided a series of training conferences across the State which centered on the specific needs of teenagers in foster care. This strategy supports the efforts to recruit from within the current pool of the resource parents. The MRPA continues to provide both education and support to resource parents who are willing to foster teens (see MRPA in Communication and Collaboration section of this report). In addition, MRPA collaborated with DHR/SSA in conducting the Maryland Public Foster Parent Local Department Assessment. The assessment involved telephone interviews of resource parents from continuing and exited (closed) samples. The purpose was to solicit feedback from resource parents about their perceptions of training and support. In addition, the exited homes were asked about the reasons for closure. A total of 625 responses (25%) were received.

In December 2011, a survey of local departments was distributed to gather information related to practice consistency in the approval of resource homes. The survey included a number of approval and re-approval standards. They included (but not limited to):

- Medical examinations
- Criminal and protective services background checks
- Financial stability

- Sleeping quarters
- Safety inspections
- Training requirements
- Home study process

The survey consisted of 18 questions regarding approval and re-approval standards across the State. Many of the differences indicated in the survey were around when the particular practice standard was completed. No agency reported not completing the required standard. The only difference revealed in the survey was in what types of monetary resources are accepted for a resource home approval.

The COMAR regulations regarding resource homes have been revised and were promulgated in April 2012. The regulations clearly outline the required standards for resource homes throughout the State. Local departments of social services (ldss) staff were informed of the changes to regulations during the quarterly meeting held for resource staff. Continued discussions will be held in future meeting. The revised regulations should lessen the inconsistencies found in the survey. Some of the major changes to the regulations include:

- Requiring carbon monoxide alarms if fossil fuels are used in the home
- Incorporating the law on window coverings into the regulations
- Incorporating new requirements regarding lead paint due to changes in State law
- Requiring 10 hours of In-service Resource Parent training annually
- Allowing local departments to close a resource home under defined circumstances
- Allowing a home to be dually approved as a resource home and a Developmentally Disability placement to allow for transition between programs
- Allowing local departments to prioritize home studies based on order of usefulness rather than date of acceptance
- Requiring provisional approval of resource homes can only be granted to a relative of a child who seeks to become a restricted resource parent

The State continues to focus on ensuring that children are placed in the least restrictive placement that meets their needs. As of April 2012, 4988 children or 73% of the out of home population are in family settings. This is consistent with the April 2011 data which shows 5506 children were in family settings out of the 7549 out of home population. As of April 2012, there are 2,474 approved resource homes across the State. In FY 12, a total of 226 new homes have been approved.

Emphasis on Data-Driven Decision Making and Evidence-Based and Promising Practices
The theme of "Continuum of Opportunities, Supports and Care" in the Interagency Strategic Plan (Appendix A) contained the following recommendation on evidence-based practices (EBP) and promising practices: The Children's Cabinet continues to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support, and treatment options are available to the children, youth and families for whom they are appropriate. The Children's Cabinet has demonstrated its commitment to implementing that recommendation by providing funding to support implementation, fidelity and outcomes monitoring, and fiscal analysis of EBPs.

The Institute for Innovation and Implementation has partnered with the Children's Cabinet for FY 2013 to: Obtain data on existing EBPs in Maryland; conduct a "sizing" of the EBPs to determine which EBPs should be expanded or brought into the state; provide training on identified EBPs; identify funding mechanisms to support the ongoing implementation and sustainment of EBPs; conduct fidelity monitoring on EBP implementation; and, evaluate outcomes of EBPs.

EBPs currently implemented in Maryland include Multi-Dimensional Treatment Foster Care, Trauma-Focused Cognitive Behavioral Therapy, Multi-Systemic Therapy, Functional Family Therapy, and Home Visiting. Multi-Dimensional Treatment Foster Care is available in Montgomery and Baltimore Counties. DHR has contracted for 10 beds in each jurisdiction. Local DSS in those two jurisdictions make referrals for eligible youth. These programs provide intensive, short term (6 months) placement services to youth with severe behavioral issues. The goal is to transition youth back to their family home or into an adoptive home within 6 months. Approximately 700 youth were accepted to this program during SFY 12 (Final SFY 12 Report is pending)

The program provides a high level of support to the foster parent in addition to providing services to the child and their family. As these programs have only been utilized since August 2010, we do not have any long term results to report. The local departments report favorable experiences during the past year.

In addition, DHR continues to explore other EBP opportunities to serve our youth and families. Trauma-Focused Cognitive Behavioral Therapy is becoming increasingly available around Maryland, and is funded through Medicaid. Given the trauma issues that many of children have experienced related to abuse they have experienced, SSA has worked with the local departments to increase their awareness of the benefits and availability of this evidence based intervention. Prince George's Department of Social Services is in the process of exploring ways to increase the number of providers available to provide this service within that jurisdiction. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs.

Multi-Systemic Therapy (MST) can be used as an alternative to out of-home placement. This program targets youth 12-17 years of age and their families. This treatment includes daily contact with families, either by telephone or in-person contact and emphasizes preparing caregivers to adhere to the model. MST providers are located in Baltimore City, Baltimore, Carroll, Howard, Howard and Prince George's Counties. A total of 168 youth were served during the second quarter of SFY 12 (Appendix B).

Functional Family Therapy focuses on family intervention for at-risk youth 10-18 years of age. The issues addressed are acting out to conduct disorder to alcohol and/or substance abuse. This model has been duplicated with other child-serving systems and has contributed to reductions in drop-out rates, re-offending and violent behavior, and sibling entries. FFT has positive impacts on families and youth. During the SFY 12 third quarter (Appendix C), 456 youth were served. The FFT providers are in Baltimore City, Carroll, Baltimore, Harford, Cecil, Kent, Queen

Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset, Worcester, Montgomery, Anne Arundel, Prince George's, Charles, Calvert and St. Mary's counties.

Evidence-based home visiting is a voluntary early childhood strategy that can enhance parenting, and promote the growth and development of young children. Evidence-based home visiting programs are focused, individualized and culturally competent services for expectant parents, young children and their families, and caregivers (including friends, neighbors and kinship caregivers) in their homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the potential for child maltreatment.

Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers, HIPPY, and Early Head Start. The total capacity of these programs is enough to serve only a small percentage of estimated eligible families who would choose to participate. There are other home visiting programs in Maryland such as Baltimore City's Healthy Start program, and the Maryland State Department of Education's Infants and Toddlers program that provide family support and education focused on the family's needs.

A Comprehensive State Plan for home visiting has been developed (Appendix Q) and each jurisdiction will be creating a plan specific to their at-risk communities. This information will identify gaps in services and assist in meeting the needs specific to each local community. As the State moves to action, the plan is to address capacity and gaps in every jurisdiction so as funding becomes available, momentum of assisting our families at-risk will continue in a seamless and coordinated system. This will provide clear direction on the needs of the communities and drive the course of the Comprehensive State Plan for Maryland.

In addition, home visiting goals, objectives and activities are blended into several state initiatives including the Early Childhood Advisory Council and the Race to the Top: Early Learning Challenge Grant. For more information please see http://fha.dhmh.maryland.gov/mch/SitePages/home_visiting.aspx and http://www.marylandpublicschools.org/MSDE/divisions/child_care/challenge.

Regional Care Management Entities and Wraparound Care Coordination

The Children's Cabinet awarded three year contracts for regional Care Management Entities (CMEs) in Maryland in 2009 to serve as an entry point for specific populations of children, youth and families with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services. The CMEs serve multiple populations of youth, including those eligible for the 1915(c) Residential Treatment Center (RTC) Waiver, the Systems of Care Grants (MD CARES and Rural CARES), and other Children's Cabinet Interagency Fund (CCIF) initiatives (DHR Group Home Diversion and DJS Out-of-Home Placement Diversion) to support youth and their families in their homes and communities. The CMEs operate Statewide, in three regions (Baltimore City Region, the South Eastern Region, and the North Western Region).

The average monthly CME enrollment in SFY '11 was 392 youth. The numbers increased from 344 in January 2011 to a high of 414 in June 2011 and finished December 2011 at 398. In SFY '12 the average monthly enrollment rose to 462 youth. Beginning January 2012 with 414 youth and reaching a high in June 2012 of 492 youth.

This past year the Governor's Office for Children (GOC), on behalf of the Children's Cabinet, awarded a two-year contract for a single, statewide CME to serve the youth funded by the system of care grants, 1915(c) Waiver, and Children's Cabinet Interagency Funds. The Department of Health and Mental Hygiene (DHMH) is drafting a 1915(i) State Plan Amendment to serve youth with serious mental health problems with a CME. This state plan amendment is scheduled to take effect once the 1915(c) Psychiatric Residential Treatment Facilities (PRTF) Demonstration Waiver comes to an end at the beginning of Federal Fiscal Year 2013. DHMH and the Core Service Agencies will be identifying a specific number of CMEs to provide care coordination under the 1915(i). The total GOC CME RFP contract projections for year 1 are as follows:

- Department of Juvenile Services Out-of-Home Placement Diversion - 75 slots
- DHR Out-of-Home Placement Diversion - 75 slots
- MD CARES - 40 slots (this will decrease over time)
- RTC Waiver - 140 slots (this will decrease over time)
- Interim Case Services Account - 5 slots (this will decrease over time)
- Stability Initiative - 100 slots

Improving Educational Stability

The availability of and access to critical services are vital to the success of the outcomes for children involved with child welfare. Collaboration with other child and family serving agencies is essential in the development of the needed resources. DHR continues to work closely with Maryland State Department of Education (MSDE) to address educational stability as required by Fostering Connections Act of 2008. MSDE updated their regulations in response to the McKinney-Vento Act to include a definition for "child awaiting foster care placement". That definition includes children being placed in their initial out of home placement. In April, 2012, DHR/SSA issued a policy directive (#12-36, Educational Stability) to twenty-four local departments on education stability. This policy does the following:

- Establishes guidelines to ensure education stability for children upon their initial entry or experiencing placement changes as well as ongoing efforts for all children and youth that are in an out-of-home placement.
- Clarifies the responsibilities of the local department and the local school systems
- Ensures that children and youth in foster care have proper transportation to school
- Requires local departments to document each placement change in the case
- Requires local departments to document best interest determination.

The policy is available at:
http://dhrnet.dhr/directory/SSA/Child%20Welfare%20Policies/SSA%2012-26%20Educational%20Stability.pdf

DHR/SSA has begun work to update the Access to Education Handbook. A workgroup consisting of representatives from DHR/SSA, Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Maryland Foster Parent Association (MFPA), local department of social services, Public Justice Center and Advocates for Children has been convened to complete the update. Some of the work of the group includes:

- Incorporating Fostering Connections requirements
- Including DJS information
- Improving the overall functionality of the handbook
- Development of training curriculum on the use of the handbook for local departments, DJS, MSDE, and resource parents

The manual will be updated every two years.

In November 2011, DHR/SSA met with staff from MSDE and the Courts to develop a Child Welfare, Education and the Courts Action Plan. Annie E. Casey Foundation has also been brought on to assist with this effort. The goals of the Action Plan:

- To determine clear policies and processes for:
    - How best interest decisions are made
    - How to implement best interest decisions to keep a child in their school of origin
    - How to implement best interest decisions to immediately enroll a child in an new school
- Improve data and information sharing across systems- DHR, MSDE and the Courts to obtain aggregate level and student specific data

Each of these goals identifies specific tasks, activities, responsible persons, time frames and evidence of completion.

Over the past several months, with support from the Annie E. Casey Foundation, Social Services Administration (SSA) has collaborated with Maryland State Department of Education (MSDE) and the Maryland Court Improvement Project (CIP) to improve education stability for children in out-of-home placement. Currently, the group is working on the following goals:

- Determine clear policies and processes for: 1) How Best Interest Decisions are made; 2) How to implement Best interest Decisions to keep a child in their school of origin; 3) How to implement Best interest Decisions to ***immediately enroll*** a child in a new school
- Improve data and information sharing across systems- DHR, MSDE and the Courts to obtain aggregate level and student specific data.

Attached is the actual work plan that was developed by SSA, MSDE and CIP (Appendix R).

4) Consultation And Coordination

Maryland understands that it is essential to develop collaborations to help to support the success and implementation of its Child Welfare Services. As indicated in the Place Matters section of this report, Maryland has made strong collaborations with its community partners to help to

implement the Place Matters strategies. Stakeholders were active participants in the development of the CFSR PIP strategies. Participants included local department of social services staff, attorneys, Foster Court Improvement Project (FCCIP) staff, private providers and other child welfare advocates. They were assigned to workgroups based on their areas of expertise and interest. In addition, youth are a part of the Steering Committee for the development of the Youth Engagement Model. The development of this model is one of the strategies in the CFSR PIP and the ASPR. Maryland's Youth Advisory Board is also consulted on policies and practice changes during their monthly meeting. Below are additional collaborations with which Maryland is involved.

Child and Family Advisory Board

The Child and Family Advisory Board met May 11, 2012. This board consists of members from Casey Family Services, Provider Advisory Council, Maryland Department of Juvenile Services, The Family Tree of Maryland, Institute for Family Centered Services, Foster Care Court Improvement Project, Maryland Association of Social Services Directors, Annie E. Casey Foundation, University of Maryland School of Medicine, Maryland Foster Parent Association, Governor's Office for Children, Citizens Review Board for Children, Maryland State Department of Education, Department of Health and Mental Hygiene, Advocacy of Children and Youth, University of Maryland School of Social Work, Maryland Family Network, local department of social services representatives from Anne Arundel, Frederick, Wicomico counties, and Baltimore City and Social Services Administration's program managers.

The board reviewed the IV-B plan, the progress made and the challenges ahead. The board will provide input to the IV-B plan and cement collaboration with numerous child providers, non-profits. Quarterly meetings are planned for the upcoming year.

Communication with Local Departments and Stakeholders

SSA partnered with Clarus Consulting as part of our engagement with Casey Family Programs to develop a comprehensive communications strategy to support the practice integration and sustainability of Place Matters and Family Centered Practice (FCP). Although the work with Clarus Consulting was partially initiated as a result of the stakeholder comments from the FCP evaluation, enhancing communication with local departments and stakeholders is a more global communications strategy. The results of the FCP evaluation follow-up and initial technical assistance suggested some incongruence between the implementation activities and perceived progress. The results showed a varying philosophy of family centered practice. Many viewed Family involvement meetings as the totality of family centered practice. The goal of developing the comprehensive communications strategy will seek to clarify the reasons for these perceptions so that SSA can improve the communication and dissemination strategies.

Clarus Consulting provided Maryland with a neutral partner to facilitate the process of soliciting feedback. A Steering Committee was convened in October 2011 to help guide the process of identifying key stakeholders and soliciting feedback. Between November 2011 and December 2011, focus groups, interviews and surveys were conducted with a cross-section of internal and external stakeholders. The Steering Committee met in January 2012 to discuss the preliminary findings and propose initial strategies to broaden the communication efforts. Some of the areas

identified for future attention include communication in all stages of policy development, practice execution and understanding of SSA's role in supporting the local departments.

One of the areas for improvement is the maintenance of on-going communication with all levels of local department staff particularly supervisors. The current trickle-down effect of information from SSA to the local department administrators and managers often prevents supervisors and front line staff from immediately obtaining the information. SSA will utilize the quarterly newsletter which is distributed electronically to all child welfare staff to promote greater communication with all staff statewide. The results of the final report are pending; however the several preliminary strategies had already been instituted, such as the SSA Steering Committee, Bi-annual Regional Supervisory Meetings, quarterly program-specific meetings and newsletter.

Collaboration with Courts

Maryland has a strong partnership with the Foster Care Court Improvement Project (FCCIP). The SSA Executive Director sits as an active member of the FCCIP Implementation Committee. This is the venue by which input is also sought on planning activities. The Executive Director uses this forum to receive input from the FCCIP on the IV-E PIP and to share the results and impact of the Title IV-E Audit and the annual Single Audit. FCCIP was also a valuable contributor to the development of the CFSR PIP and the Child and Family Services Plan, as the state developed strategies to overcome barriers to permanency. They were members of the workgroup which developed the Permanency strategies in the CFSR PIP.

The FCCIP staff continues to be involved in the implementation of the PIP. DHR has consulted with them regarding changes to the concurrent permanency planning policy. As a result of this consultation a questionnaire was developed for the local departments regarding their current practice to include how the courts are implementing concurrent permanency practice. The questionnaire was distributed in May 2012 and the results are being incorporated into the policy. In addition, a small group was established to develop the key components for the revised concurrent permanency policy; this group included local department staff and FFCIP staff. A small focus group of judges and masters from across the State was also conducted to provide input on the implementation of concurrent permanency planning and ways to improve. The feedback from this session is also being incorporated into the revised policy.

As outlined in the Family Centered Practice section, SSA collaborated with the Foster Care Court Improvement Project to conduct outreach to improve the execution of Family Involvement Meetings (FIM) with particular emphasis on improving permanency outcomes and engaging youth. Future consultation was planned with the American Bar Association (ABA) to improve the collaboration with the legal community; however those efforts were not accomplished over the past year.

Citizen's Review Board –Adoption and Another Planned Permanent Living Arrangement (APPLA) Reviews

The work of the Citizen's Review Board (CRB) is an important step to ensuring local departments are working towards permanency for Maryland's children. During FY 2011 the Citizens Review Board for Children (CRBC) reviewed 1,510 cases of youth in out of home placements. In accordance with an agreement reached between the Department of Human

Resources (DHR) and the CRBC State Board, CRBC reviewed cases of youth with a permanency plan of adoption, or Another Planned Permanent Living Arrangement (APPLA). This focus allowed CRBC to review these vulnerable and often overlooked populations. The CRB submits quarterly reports to DHR/SSA and local departments of social services regarding data from the reviews. This information is utilized by DHR/SSA to determine trends for local departments and to inform policy and practice changes. As stated above, CRB reviewed 11,510 cases in SFY11. Those reviews were split into three areas: APPLA 67%, Adoption 27%, Reunification, 3%, Relative Placement, 3%. (Appendix D)

Cases were reviewed that met the following criteria:
Adoption:

- Youth with newly established primary permanency plans of adoption (reviewed three months after the plan has been changed)
- Youth with existing plans of adoption for twelve months or longer (reviewed three months before next court review date)

APPLA (Another Planned Permanency Living Arrangement):

- Youth with newly established primary permanency plans of APPLA (reviewed three months after the plan has been changed)
- Youth age 17 or 20 years old with existing or new cases

Youth 16 years old and younger with existing plans of APPLAPreviously, youth 16 years old were not reviewed unless requested by an interested party (family, therapist, the local department, etc), as CRBC reviewed youth with plans of APPLA who were 15 years old and younger, 17 years old, and 20 years old. In reviews of youth 17 years old local boards found many of these youth were unprepared and not always receiving services to prepare them for independence. In an effort to close the gap and prevent children from being overlooked, youth 16 years old were added to the review criteria. Including these children allows CRBC to provide additional oversight and make recommendations when necessary, catching any service needs prior to the 17 year old reviews. It is the hope of CRBC that youth reviewed at age 16 will have received needed supports and be better prepared for independence when they age out of care at 18 or 21 years of age. Additionally, expanding the review criteria to include youth who are 16 years old increases the number of youth eligible for reviews.

Goals of the adoption reviews were to ensure:

- Youth are receiving the services necessary to prepare them and their pre-adoptive families for adoption
    - CRBC reviewed a total of 403 adoption cases during FY ‘11
    - 34% of youth receiving adoption counseling
    - 68% of pre-adoptive families received the youth’s social summary
    - Local boards found 90% of pre-adoptive families had appropriate services in place to meet the youth’s needs
- Barriers are identified and removed so the adoption process progresses in a timely manner
    - Barriers were identified in 84% of the 403 cases reviewed. Previously, CRBC relied on whether or not the local departments agreed with the recommendations as an indication that the local departments would make address identified barriers.

Beginning in FY '12 CRBC will re-review cases in which the local boards identified barriers.

- The local departments are adequately searching for and recruiting adoptive resources
    - Statewide, the local boards found the departments adequately used adoption resources in 15% of the 403 cases reviewed.

Goals of the APPLA reviews were to ensure:

- That youth are receiving the services necessary to prepare them to live independently
    - CRBC reviewed 1009 APPLA cases in FY '11
    - 70% of youth were receiving independent living skills
    - Local boards found that 73% of youth were being prepared to meet educational goals
    - Local boards found that 24% of youth were being prepared to meet employment goals
    - Local boards found that 65% of youth were being prepared to transition out of care
- That the local departments are working alongside the youth to identify a permanent connection for the youth.
    - 63% of the 1009 reviewed youth had an identified permanent connection
- That APPLA is not viewed as a "catch-all" without exploring other permanency options
    - During reviews, workers reported that other permanency plans were considered prior to APPLA in 98% of 1009 cases reviewed

- That youth are made part of the service and case planning processes
    - Local boards agreed that youth were involved in the case planning process in 69% of the 1009 cases reviewed
    - In reviews of youth 16 years old and older the local departments had signed service agreements with youth in 44% of the 1009 cases

Looking forward, CRBC has identified the following goals*:*

- Continue to increase the number of youth who attend reviews,
- Continue Strength in numbers! CRBC will continue to collaborate with other child protection panels with the United States and in Maryland, and
- Increase the number of reviews conducted.

CRBC exceeded the goal to review 100 more cases in SFY 12. As a result of this performance the benchmark for the number cases reviewed for SFY 13 has been increased from 1300 cases to 1400 cases.

The reviews highlighted need to do a better job of preparing youth who exit Maryland's system due to age rather than reunification, adoption or guardianship. As noted throughout the report, Maryland is focusing on ensuring that youth leaving care are adequately prepared through the provision of work and education opportunities. DHR's Youth Matter initiative focuses on youth involvement and the development of meaningful connections. Youth Matter has been initiated in Prince George's, Somerset, Wicomico and Worcester Counties with plans to replicate statewide

by end of FY13. The State's benchmark policy which sets out specific goals to be achieved at specific age ranges has been incorporated into regulation.

Concurrent planning is an ongoing issue for our local departments and was identified in the reviews as an issue. As outlined, above DHR is in the process of making comprehensive revisions to the policy and practice.

The reviews also noted the need for early identification of adoptive resources to reduce the time it takes a child to be adopted. Towards that end, the State is developing an adoption manual to guide our staff and ensure that appropriate steps are taken to finalize permanency plans as quickly as possible. AdoptUSKids is also being utilized as Maryland's sole adoption registry, reducing duplication and easing the matching process. A number of trainings and adoption matching events are planned in the upcoming year to improve the communication between local departments and provide a forum to match children with waiting families from different jurisdictions.

Maryland Children's Cabinet

The *Maryland Child and Family Services Interagency Strategic Plan* (Appendix A) was the culmination of an intensive, collaborative effort by the Maryland Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of youth and families. In particular, the focus of the strategic planning effort was on those youth who are involved with or at-risk for involvement with multiple child-family serving agencies, based on the complexity of challenges facing children and families involved with more than one child-family serving agency.

Maryland's Children's Cabinet meets monthly to discuss and collaborate on the progress made toward achieving the goals of the plan. The Cabinet also provides input on individual agencies plans to determine areas of continued collaboration and service coordination. The collaboration of the child serving agencies has been essential in carrying out the goals of Maryland's child welfare plan.

Provider's Council

Maryland Department of Human Resources (DHR) understands the significant role of its providers in serving children and families in the child welfare system. As such, DHR formed a Providers Advisory Council (PAC). The role of the PAC is to advise and make recommendations to the DHR Secretary regarding pertinent and critical child welfare issues.

The PAC has representation from both Residential Child Care (RCC) Agencies and Child Placement Agencies (CPA) and is co-chaired by the Social Services Administration (SSA) and the Office of Licensing and Monitoring (OLM). The PAC meets on a quarterly basis, or more often if necessary, with the Executive Directors of SSA and OLM. They have provided consultation to DHR in matters pertaining to services to children, policy relating to payment services, health, safety and well-being.

During this reporting period the Council:

- Completed a report of findings regarding "Lessons Learned" from the initial Request for Proposal process and

- Consulted on performance measures for residential child care facilities as the State moves toward performance based contracting

Maryland Family Network, Inc.
Maryland Family Network, Inc. (MFN) is an advocate and catalyst for the development of a strong system of quality child care, early education, and family support. Working with interested parties on local, state, and national levels, MFN is a private, non-profit organization that has a rich history of action in matters affecting children, families, and the child care community of this state. MFN is a member of the Child and Family Services Advisory Board and State Council of Child Abuse and Neglect (SCCAN).

Maryland Family Network is the state's foremost child advocacy organization. Whether it comes to issues of improving early childhood education and development opportunities, providing technical assistance and training to current and prospective child care providers, promoting the establishment of child care programs and professional opportunities within the field, helping working parents in need of child care, working with employers on work/family policy issues, or stimulating the supply of child care resources across the state, Maryland Family Network addresses the issues head on and takes action.

Maryland Resource Parent Association (MRPA) (formerly Maryland Foster Parent Association MFPA)
The MRPA partners with the State to serve and educate Maryland's resource parents. A Resource Parent Ombudsman continues to be on the staff of the Secretary of the Department of Human Resources to work closely with the MRPA and carry concerns and issues identified to the Social Services Administration. A 1-800 number continues to be maintained and answered by MRPA members, which provides information for potential and current resource parents. DHR/SSA issued a grant to MRPA to assist and help facilitate their mission to provide supportive services to all resource parents in Maryland. In order to receive the grant, MRPA presented a plan of work. Their plan of work includes:

- Support DHR/SSA in its Older Youth Initiative
- Participate and fund the State "Foster Parent of the Year" event
- Provide and maintain an updated website providing information for resource parents
- Support the development of local associations in all jurisdictions

The MRPA supports the development of local Resource Parent Associations and coordinates training opportunities and recognition events for its members. It serves as the liaison to the Social Services Administration to advocate for the rights and concerns of resource families and ensure responsiveness to resource family needs. In turn, a DHR/SSA liaison attends monthly MRPA Board of Directors meetings to enlist MFPA input and support for the department's child welfare initiatives. As a result of the organizations' collective efforts, resource families are encouraged, supported and trained in providing quality care to children.

The MRPA continues its partnership with the State of Maryland to serve and educate Maryland's resource parents. Having obtained status as a 501(c)(3) tax exempt, non-profit organization, the MRPA is currently providing guidance and support to local jurisdiction foster parent associations

to achieve tax-exempt status. This will enable local associations to apply for grants to expand outreach to recruit and meet the service needs of local resource families.

Continuing education and training for Maryland resource parents is offered regionally throughout the state: Western Region, Northern Region, Baltimore City, Southern Region, Eastern Region and Metro Area. Training offered to resource parents places emphasis on the health, safety, well-being and permanency of children, youth and teens in foster care. The total number of parents trained in SFY 2012 was 1,413. The MRPA has been active in its collaboration with the Department of Human Resources Social Services Administration and the University of Maryland School of Social Work's Child Welfare Academy in developing training curriculum. DHR/SSA hosts a Foster Parent Panel eight times a year in which MRPA members share their insight with newly hired child welfare employees from across the State on the importance of foster parents and their role as members of the professional team.

The MRPA and the University of Maryland School of Social Work sponsored a statewide conference for resource parents in April 2012. The conference, titled Family Matters: Our Time, Their Future, reached the registration capacity of 250 well in advance of its scheduled date. Workshop selections included: Parenting the Child with Attachment Difficulties, Behavior Management Skills and Techniques (Discipline), Youth Engagement: A Teen's Perspective, Bridging the Gap: Families Working Together and Court Lingo and CASA. The event was free to resource parents, offered expense reimbursement and provided 7.5 in-service training hours. One of the keynote speakers for the conference was a former foster child who was adopted as a teenager. During her motivational presentation, she shared the helps and downs of her life and implored Maryland's resource parents not to give up. In addition, she signed copies of her New York Times bestselling memoir, "Three Little Words".

The full 2012-2013 Initiatives and Activities for MRPA is attached (Appendix W). Highlights of the plans and initiatives include:

- Participate with DHR in the development of policies
- Provide basic services to local associations whose goals and activities align with MRPA
- Consult with local associations to target grant funding
- Develop a long term Strategic Plan
- Develop a communications Strategy
- Plan a recognition event
- Share information and provide training
- Sponsor four regional conferences
- Seek invitations to attend the State and Local Teen Advisory Councils
- Support DHR/SSA for teen care and teen transitioning issues

Developmental Disabilities Administration

The Department of Human Resources/Social Services Administration (DHR/SSA) and Department of Health and Mental Hygiene/Developmental Disabilities Administration (DHMH/DDA) continue to be committed to maximizing the independence for people receiving State services and supports. In 2011, both agencies entered into a Memorandum of Understanding (MOU) to improve access to the continuum of resources available to children and

vulnerable adults with developmental disabilities, providing appropriate services in a timely and efficient manner. SSA met with DDA to discuss a collaborative training for the manual. The manual will be discussed during the Out of Home program specific meeting. In addition, an SSA staff member participates on a Quarterly Emergency Review Committee with. The cases reviewed have been brought to DDA's attention emergently and the discussion involves gathering the information both departments have on the clients to develop a plan of service. Both Departments are jointly responsible to communicate and coordinate in order to plan for the best possible services available for immediate and future needs.

As a supplement to the MOU, the Departments created a procedural guidance and an "At a Glance", reference tools for staff at both Departments. The procedural guidance is a user friendly how to, clearly outlining the roles and responsibilities of each agency, with an emphasis on Transition Services for youth. The "At a Glance" is a reference guide outlining each Department's scope of services. The manual and the "At a Glance" were issued to all local department staff and placed on the SSANet as a reference tool. The Departments are planning joint regional trainings in the upcoming year to staff on their roles and responsibilities to improve the outcomes for youth served by both Departments.

Family Unification Program

The Family Unification Program (FUP) provides Housing Choice Vouchers (HCV) to assist families with children in out-of-home care who have not been able to reunify with their children due to lack of permanent and adequate housing; families displaced by domestic violence in preventing the unnecessary removal of children from their families; and, eligible former foster youth. It is designed to enable families and youth to lease or purchase decent, safe and sanitary housing that is affordable in the private housing market.

Each year in Maryland nearly 650 youth ages 18-21 exit foster care. Within 12 to18 months of exiting care, some of these youth face homelessness or are forced to rely on public assistance. The FUP vouchers allow youth to rent housing from a private landlord and pay as little as 30 percent of his/her monthly adjusted gross income towards rent and utilities. Housing assistance via the FUP vouchers for youth is available for a maximum of 18 months.

In August 2009, Maryland received 100 HCVs from the State Department of Housing and Urban Development (HUD) through a collaborative effort between the Maryland Department of Housing and Community Development (MDDHCD) and the Maryland Department of Human Resources (DHR) to help families and youth in Allegany, Caroline, Dorchester, Frederick, Garrett, Kent, Somerset, Talbot (excluding the towns of Easton and St. Michael's), Wicomico, and Worcester counties. In August 2010, Maryland received an additional 85 HCV's for Calvert and Prince George's Counties. In 2011 Baltimore City Department of Social Services also received 100 housing vouchers which are being utilized by youth and families. Currently, 52 former foster youth are utilizing the vouchers. This number is lower than expected. During the upcoming year, technical assistance will be provided to the locals to develop strategies to increase the number of youth who utilized the vouchers.

Maryland KEEP

Maryland KEEP is collaboration between the Maryland Foster Parent Association (MFPA) and the University of Maryland, School of Social Work, the Ruth Young Center, and the Child

Welfare Training Academy, and the Oregon Social Learning Center (OSLC). KEEP is a foster and kin parent training and support intervention for youth ages 5 to 12, designed by Dr. Patricia Chamberlain and the OSLC, modeled after the evidence-based practice of Multidimensional Treatment Foster Care. KEEP is an intervention to:

- improve the recruitment and retention of foster care parents by strengthening the network of foster care families
- decrease child behavior problems
- decrease placement disruptions
- increase permanency for youth by removing the barriers of multiple placements

Maryland KEEP was developed to support Place Matters in the following areas:

- foster parent recruitment and retention
- family centered practice
- group home reduction efforts
- improved permanency goals

It is a 16 week training and support program. KEEP parents are trained on behavior modification techniques that include positive reinforcement techniques and charting. Outcomes for children of parents in the KEEP groups were found to have:

- fewer behavior problems
- higher rates of reunification with biological or adoptive families
- fewer placement disruptions than those children placed in foster homes with additional support.

The University of Maryland School of Social Work submitted the Maryland KEEP Annual Evaluation Report in November 2011. The program period was Spring 2010 - Fall 2011. Some highlights of the report are:

- 40.5% of the participants were kinship providers.
- Almost a quarter of the children involved in the KEEP program (24.2%) were able to exit care to positive placement (adoption or guardianship).
- Two-thirds of the children involved in the KEEP program remained in their placement after KEEP.
- Prior to the KEEP program, 30% of the children involved in the KEEP program had unstable placement moves. Of these children, 90% were in stable placements after the KEEP training.

The complete evaluation report is Appendix Y.

Trainings for Maryland KEEP began in the spring of 2010. Since that time, 59 foster/kinship parents have participated in seven KEEP groups (cohorts) in 3 local departments (Baltimore, Harford, and Montgomery counties). This is a small pool of resource homes. KEEP has just begun in Baltimore City DSS. While it is felt that the concepts of KEEP are excellent and provide those participating with valuable information and supports, it does not reach a large enough number of our resource families to justify the cost nor show any cost savings to the State. Funding for KEEP will end in June 2012. SSA plans to utilize the current KEEP Program Manager, as an additional trainer at the Child Welfare Academy for the Resource Parents. He

could capitalize on some of the skills and techniques he presented in the KEEP program and be an asset in the training of resource parents.

5) Measures of Progress

Performance Measure	2009	2010	2011	FY 12 Target	FY 13 Target	FY14 Target
By June 30, 2014, Maryland will consistently meet or exceed the National Standard for Absence of Maltreatment Recurrence.	**92.8%**	**93.6%**	**93.3%**	**94.5%**	**94.6%**	**94.6%**
By June 30, 2014, Maryland will maintain the National Standard for Absence of Child Abuse or Neglect in Foster Care (12 months).	**99.44%**	**99.60%**	**99.49%**	**99.68%**	**99.68%**	**99.68%**

Source: MD CHESSIE – derived by the University of Maryland Baltimore based on corrected federally-approved query
Federal Standards: Absence of Recurrence: 94.6%; Absence of Maltreatment in Care: 99.68%

Story behind the numbers: Errors found with Maryland's NCANDS file have led to a shift to another source of data for Maryland's safety indicators. Corrected federally approved MD CHESSIE queries have been run for this year's report. Prior year figures were also changed based on this new data source. In addition, Maryland made substantial progress during the summer of 2011 conducting data cleanup of its investigation records.
Historical statistics (pre-SACWIS) for Maryland from the national Child Maltreatment reports are the following:
2002 - 92.0%
2003 - 93.1%
2004 - 93.0%
2005 - 92.8%

The average for all of these years (2002-2005, 2008-2011) is 93.1%. In other words, Maryland's recurrence rate over the last decade has held steady. In order to push the state to reach the federal standard for recurrence, there are two steps that are being undertaken: (1) the State and local offices are reviewing the way in which it codes investigations that might adversely impact the statistic. Maryland policy dictates that when an investigation is started for one type of maltreatment, and the investigator discovers another type of maltreatment, he/she must open a new investigation. This practice will cause Maryland to increase its recurrence statistic even though these situations should not count against investigation efforts that reveal a different type of maltreatment than the one being investigated. (2) Each local office will be asked to review its prior year recurrences and determine how it can change its practice or increase its attention on children experiencing maltreatment in order to avoid a second maltreatment.

Maryland's focus on the safety of children therefore remains a fundamental task for child welfare. In relation to Maryland's signature Child Welfare initiative, Place Matters, the goal for Maryland during the last five years has been a safe reduction of foster care placements. The newly corrected child safety data presented indicates that the State's efforts has not caused more harm among vulnerable children while reducing its foster care population by 7.5% annually, because the rate of maltreatment recurrence has held steady during these years.

Performance Measure	2009	2010	2011	FY 12 Target	FY 13 Target	FY14 Target
Exits to reunification in less than 12 months	**57.2%**	**53%**	**51%**	**65%**	**70%**	**75%**
Exits to reunification, median stay	**9.6 months**	**10.9 months**	**11.5 months**	**9 months**	**8 months**	**7 months**
Entry cohort reunification in less than 12 months	**25.2%**	**35%**	**36%**	**37%**	**44%**	**50%**
Re-entries to foster care in less than 12 months	**13.1%**	**14%**	**11.2%**	**10%**	**9.5%**	**9.5%**
Exits to adoption in less than 24 months	**14.2%**	**14%**	**15%**	**23%**	**29%**	**35%**
Exits to adoption, median length of stay	**41 months**	**43.4 months**	**39.3 months**	**37 months**	**32 months**	**27 months**

Performance Measure	2009	2010	2011	FY 12 Target	FY 13 Target	FY14 Target
Children in care 17+ months, adopted by the end of the year	**11.9%**	**16%**	**15%**	**15%**	**19%**	**23%**
Children in care 17+ months achieving legal freedom within 6 months	**3.2%**	**2%**	**3%**	**6%**	**8%**	**10%**
Legally free children adopted in less than 12 months	**71.4%**	**77%**	**79%**	**73%**	**74%**	**75%**
Exits to permanency prior to 18th birthday for children in care for 24 + months	**16.1%**	**25%**	**25%**	**19%**	**22%**	**26%**
Exits to permanency (prior to 18th birthday) for children with TPR	**93.7%**	**93%**	**94%**	**95%**	**96%**	**97%**
Children Emancipated Who Were in Foster Care for 3 Years or More	**63.4%**	**59%**	**58%**	**57%**	**54%**	**51%**
Two or fewer placement settings for children in care for less than 12 months	**89.4%**	**85%**	**88%**	**91%**	**92%**	**93%**

Performance Measure	2009	2010	2011	FY 12 Target	FY 13 Target	FY14 Target
Two or fewer placement settings for children in care for 12 to 24 months	**79.8%**	**72%**	**70%**	**83%**	**86%**	**89%**
Two or fewer placement settings for children in care for 24+ months	**32.9%**	**47%**	**45%**	**36%**	**39%**	**42%**

Source: CFSR Measures based on Maryland NCANDS and AFCARS data submission

Story behind the numbers: Maryland has been reducing foster care population by 7.5% per year during the last few years. During Federal Fiscal Year 2011 foster care entries have averaged nearly 270 per month, while exits have averaged nearly 330 per month. The shrinking of the foster care population is a positive step that Maryland has taken, however, it poses a challenge to the State's permanency indicators. Among foster children exiting who had been in care for a long period of time, for example, can have a negative impact on average and median lengths of stay.

In addition, as Maryland continues to institutionalize its family-centered practice, which includes engaging parents, locating relatives, and conducting family involvement meetings, we anticipate that children entering foster care will do so only after intensive efforts to avoid placement and preserve families. Future entry cohorts, therefore, may be less likely to reach permanency than past foster care population, because they will include children and parents who present with higher needs than the foster care population of prior years.

Even so, Maryland has achieved some positive results during this time of transition in the size of foster care population. A brief overview for each kind of exit to permanency follows.

Reunification: Exits to reunification in less than 12 months have decreased from 57% (2009) to 51% (2011) while the median length of stay for children being reunified has increased from 9.6 (2009) to 11.5 months (2011), these trends may simply be the result of Maryland's success in reducing its foster care population and reunifying youth who have been in care for a number of years. Among entry cohorts, on the other hand, the proportion of children reunifying in less than 12 months is increasing, from 25% (2009) to 35% in 2010 and 36% in 2011. . Likewise, re-entries into foster care among children who have been reunified have decreased, from 14% (2010) to 11.2% (2011), which is an encouraging sign for the success of the State's Place Matters initiative.

Exits to Guardianship – An increasing number of children are exiting to guardianship and we anticipate increasing exits to guardianship in the coming years.

Adoptions – Maryland sets its annual adoption goal based on adopting 68% of its children with a plan of adoption. Because the number of foster children has decreased over the years, Maryland has had fewer youth with a plan of adoption and this has resulted in lower adoption goals each year. The adoption goals have been achieved, although the percent being adopted within 2 years has increased only slightly, to 15%, in the past year. Relatedly, while a larger percent of children are getting adopted by end of year children who have been in care 17 or more months, from 12% in 2009 to 16% (2010), this statistic decreased by 1% in 2011. Maryland will continue to examine the steps that it is taking to speed adoptions. As noted previously, the State as revised it's Adoption Manual and will be providing training to staff during the upcoming year. On the other hand, signs of progress include a small decrease in the median length of stay among children adopted, from 41 months (2009) to 39 months (2011), and the percent of legally free children adopted (79% in 2011) has already surpassed the State's goal for 2014.

Children Remaining in Foster Care for Long Periods: The State's dual emphasis of achieving permanency, especially for those under 18, as well as encouraging children to remain in foster care until they reach 21, when it is in their best interest to do so, creates competing targets when reviewing these statistics. Exits to permanency prior to 18th birthday for children in care for 24 or more months had increased from 16.1% (2009) to 25% (both 2010 and 2011). Pushing for progress in this area may be a challenge as Maryland has significantly reduced its foster care population and the children remaining in care may have higher levels of need and risk, which may create a hurdle to timely permanency. A high proportion of legally free children (made legally free through termination of parental rights) continue to exit to permanency prior to their 18th birthdays—94% in 2011, while the smaller proportion of children in foster care for 3 years or more are emancipating, from 63% in 2009 to 58% in 2011.

Placement stability among foster children, a precursor for foster children to develop and thrive while in care, remains high: 88% of children in care less than 12 months have experienced 2 or fewer placements. Among children in care 12 to 24 months, the percent experiencing 2 or fewer placements has dropped from 80% (2009) to 70% (2011)—the State will be examining the causes for this with local offices, in order to identify any steps that can be taken to turn the curve on this indicator in the right direction.

Performance Measure	2009	2010	2011	FY 12 Target	FY 13 Target	FY14 Target
School Enrollment for foster children within 5 Days	41.9%	43.0%	*Pending*	98%	98%	98%
Comprehensive Health Assessment for foster children within 60 Days	50%	53%	58%	98%	98%	98%
Annual Health Assessment for foster children within 30 days of anniversary of Comprehensive Health	*Pending*	*Pending*	*Pending*	98%	98%	98%

Assessment						
Annual Dental Assessment for foster children within 30 days of anniversary of Comprehensive Health Assessment	*Pending*	*Pending*	*Pending*	98%	98%	98%

Source: MD CHESSIE – derived by the University of Maryland Baltimore (Note: Table includes corrected School Enrollment statistics)

Story behind the numbers: School enrollment and health assessments are very basic services coordinated by LDSS workers for foster children. While data is pending, SSA reviewed random samples of foster care cases during Quality Assurance Reviews.

Based on the small random samples of foster care cases receiving Quality Assurance reviews by DHR (Cecil, Baltimore City, Montgomery, Washington, Wicomico, and a small county sample):

- Approximately 65% of the sample cases were "achieved" for the 1 education question (consistently enrolled, no gaps longer than 5 days); and
- Approximately 80% of the cases were 'achieved' for the 8 medical questions (medical, dental, mental health)

This small sample data is encouraging and indicates a much higher level of actual achievement than the SACWIS documentation suggest, however, Maryland is renewing its commitment to achieve far better results for these child well-being indicators.

The following steps will be taken to improve this area of MD CHESSIE documentation:

1. Implement new Education Screen that should improve the data collection for school enrollment data (July 2012).
2. With technical assistance from the National Resource Center, develop and validate State and jurisdiction-level reports for school enrollment and health assessment that will be used to track each of these indicators (December 2012).
3. Use reports on a monthly basis to provide feedback to LDSS foster care programs (beginning January 2013).
4. Review progress in the June 2013 Annual Progress and Services Report.

C. BREAKDOWN OF TITLE IV-B SUBPART 2 FUNDS

Overview

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable communities. Service interventions are based on a set of beliefs about outcome-based practice that is both strength-based and child focused and family centered, underscoring the importance of timely, culturally appropriate, comprehensive

assessments and individualized planning on behalf of the children and families that come to the attention of the Department.

Maryland continues to use the Promoting Safe and Stable Families (PSSF) grant to operate family preservation services, family support services, time-limited reunification services, and adoption promotion and support services. Funds are now being provided on a State Fiscal Year basis. For SFY 2012, Maryland continued putting in place more controls to ensure that the local departments spend their allocations for time-limited reunification, adoption promotion, and caseworker visitation. SSA requested monthly expenditure reports from the DHR Budget office so that SSA program staff can more closely monitor the funds. In the Policy Directives for the above-mentioned services, SSA added language that informs local departments that if ½ of their allocation is not spent by January 1, 2012, any remaining amount will be subject to reallocation to other local departments that are spending their funds. In addition, the local departments are required to submit a spending plan for Adoption Promotion and Time-Limited Reunification that describes how they will spend their allocation. For FY 2012, failure to submit their plan may have resulted in the total allocation for that local department being withheld and redirected by SSA to another jurisdiction. Plans were submitted by all local departments and no allocations were withheld.

Time-Limited Reunification

The twenty-four Local Departments of Social Services offer time-limited family reunification services. For SFY 2012, the allocation to the local departments were based on a per child cost of children in the foster care system 15 months or less. Each local has designed the services to match the needs of the population served to its jurisdiction; however all the services are aimed at reunifying the family. 1,000 families and 1,200 children were served in SFY 2012 and it is estimated that 1,500 families and 1,700 children will be served in SFY 2013. The types of services provided include:

- Individual, group and family counseling;
- Impatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Temporary child care and therapeutic services for families, including
- Crisis nurseries;
- Transportation; and
- Visitation centers

Adoption Promotion and Support Services

The twenty-four Local Departments of Social Services offer adoption promotion and support services to improve and encourage more adoptions from the foster care population, which promote the best interests of the children. The activities and services are designed to recruit adoptive families, expedite the adoption process and support adoptive families. SSA issues a policy directive each fiscal year that provides details and examples of how the adoption promotion money can be spent. and also provides the allocations for each local department. We also require an action plan from each local department that must provides an adequate

description of the planned expenditures based on the total allocation and the approximate number of families and children to be served. Services are also provided to adoptive families that allow them to maintain the child in placement. For the SFY 2013 funds, the allocation for each local department will be based on the number of children with a goal of adoption. It is anticipated that approximately 2,600 families and children in SFY 2013 will be served. Approximately 1,309 families and 4,259 children were served in State Fiscal Year 2012 by various services and programs offered through the adoption promotion and support services funds.

The types of services provided include:

- Respite and child care;
- Adoption recognition and recruitment events;
- Life book supplies for adopted children;
- Recruitment through matching events, radio, television, newspapers; journals, mass mailings; adoption calendars and outdoor billboards;
- Picture gallery matching event, child specific ads, and video filming of available children;
- Promotional materials for informational meetings;
- Pre-service and in-service training for foster/adoptive families;
- National adoption conference attendance for adoptive families; and
- Materials, equipment and supplies for training;
- Foster/Adoptive home studies; and
- Consultation and counseling services to include individual and family therapy and evaluations to help families and children working towards adoption in making a commitment.

Family Preservation and Family Support Services

The programs supported with PSSF funds help to develop an adequate service array in communities through the State by filling service gaps. All of the programs are different and are based on the needs of their respective communities. Each program must achieve a positive impact on the State's child welfare programs and be consistent with the mission and vision of DHR and SSA that ensures to safety of children.

In the first two quarters of SFY 2012, the family preservation and support services programs served approximately 108 parents, 342 families, 53 fathers, 36 pregnant and/or parenting teens, and 43 children who received respite services. The parents and children are not included in the family count, and the fathers and pregnant and parenting teens are not included in the overall parent count. The PSSF programs are available to all families who are in need of services, including birth families, foster families, and adoptive families.

Some of the family support money supports Responsible Fatherhood initiatives. Kent County's fatherhood program provides workshops on anger management, special family events for fathers and their children, sessions that focus on parenting, marriage, and financial planning, and play groups for fathers and their children. The Kent County Local Department of Social Services contracts with the Kent Family Center to provide this service.

Frederick County also has a Responsible Fatherhood parenting education group that meets weekly. The goals are to build parental knowledge about non-corporal means of discipline, child development and appropriate expectations, reinforce appropriate parent/child roles, and increase parental empathy, self -esteem and self-awareness. The Frederick County Local Department of Social Services contracts with the Family Partnership of Frederick County to provide this service.

One of the requirements of each program is that the following outcomes be achieved: 80% of the families would not receive an indicated CPS finding or experience an out-of-home placement 6 and 12 months post-closing. The data from the quarterly reports submitted by the local departments from July 1, 2011 – December 2011 indicates that 16 of the local departments achieved this outcome. (Data is missing from 4 local departments).

DHR requested new family preservation and support proposals from the local departments of social services with a start date of July 1, 2012. Priority will be given to evidenced-based practices and/or programs. An evaluation panel will review the proposals. The family preservation and family support programs listed below for SFY 2012 may not continue for SFY 2013 based on the outcomes of the proposal process.

Local Department	**Description of Services Provided**	**Family Preservation or Family Support**
Allegany County	A 12-week workshop called H.O.P.E. is offered to parents who are court-ordered or strongly recommended by an agency to participate in parenting skills training. Additional support for married and co-habitating couples is offered beyond the core parenting workshops. Group and home-based intervention will focus on strengthening relationships, conflict management, and expectations.	Family Preservation
Baltimore County	Functional Family Therapy, and in-home mental health intervention, will be provided to families with children ages 10 or older and who are involved with the child welfare system.	Family Preservation
Calvert County	Parent and child groups will be conducted with each group session consisting of education, support, and experiential exercises. Parents will learn child development, parenting strategies, and setting realistic expectations. Separate children's groups will focus on expressing and dealing with feelings surrounding placement. The conclusion of each group cycle will include several multiple family sessions, where parents and children are joined within the group.	Family Preservation

Local Department	Description of Services Provided	Family Preservation or Family Support
Carroll County	The family support center will offer parenting classes, workshops, and parent/child activities to family who are approaching reunification with their children. In-home Family preservation services are offered to families. The program utilizes a family-centered approach that is strengths-based. Children in Need of Assistance Mediation Program – offer mediation to Child in Need of Assistance cases.	Family Support Family Preservation Family Preservation
Cecil County	An Outreach Recovery Worker will be hired by the Alcohol and Drug Recovery Center and housed at the Cecil County DSS. The outreach worker will accompany workers into the field to provide evaluations, act as a liaison between DSS and substance abuse treatment providers, provide substance abuse education, help staff identify behaviors associated with active drug use or relapse, develop relapse plans with clients and DSS worker, attend Family Involvement meetings, and help establish accurate treatment plans by attending intake appointments with the parent.	Family Preservation
Charles County	The Healthy Families program provides home visiting to teen parents from the prenatal stage through age 5. Parents learn appropriate parent-infant child interaction, infant and child development, and parenting and life skills.	Family Support
Dorchester County	The Family Matters program provides an intensive level of support services to families and focuses on early involvement with families to address and ameliorate crises.	Family Support
Frederick County	Family support and family preservation services are offered at Family Partnership, a family support center. Some of the services include separate parenting education workshops for mothers and fathers, parent and child interaction activities, self-sufficiency services, life skills training, counseling, and case management.	Family Preservation and Family Support
Garrett County	In-home preservation services are offered to help families remain intact and improve family functioning.	Family Preservation

Local Department	Description of Services Provided	Family Preservation or Family Support
Harford County	The Safe Start program is an early assessment and intervention program that targets children at-risk for maltreatment and out-of-home placement. If risk factors for abuse/neglect are identified, the program provides further assessment with intervention and follow-up services to families.	Family Support
Howard County	The Family Options program provides services to help pregnant and parenting teens and very young parents. These services include group sessions, parenting classes, intensive case management, referral services, and substance abuse counseling.	Family Support
Kent County	A fatherhood program is offered that provides the following services: workshops on anger management, special family events for fathers and their children, sessions supporting parenting, marriage, and financial planning, and play groups for fathers and children.	Family Support
Montgomery County	This family preservation service focuses on teens returning home after placement. Short-term, intensive, in-home services are provided to families in crisis. This family support service focuses on families in crisis with teens at risk for out-of-home placement including out-of-control teens, special needs teens, and teens with mental health issues. These families will be provided in-home services, families will be connected to community providers, and parents will be taught coping mechanisms and life skills.	Family Preservation Family Support
Prince George's County	Strengthening Family Coping Resources (SFCR) is a trauma-focused, multi-family, skill-building parenting program for families who have experience trauma. SFCR is designed to increase coping skills in children and adult caregivers to increase families' sense of safety, improve stability and stabilize emotions and behavior.	Family Preservation
Queen Anne's County	The Healthy Families Queen Anne's/Talbot program provides home visiting services to first time parents to prevent child abuse and neglect, encourage child development, and improve parent-child interactions.	Family Support

Local Department	Description of Services Provided	Family Preservation or Family Support
Somerset County	The Healthy Families Lower Shore program provides services to prevent child abuse and neglect, encourage child development, and improve parent-child interactions. The program provides home visiting, monthly parent gatherings, developmental, vision, and hearing screenings, and extensive referrals to other resources.	Family Support
St. Mary's County	A home visiting program strives to provide parenting services to at-risk families and increase a parent's knowledge of child development and early learning. This program targets families with children up to three years old.	Family support
Talbot County	Respite services provide support to families who have a child at risk of an out-of-home placement. The program offers voluntary, planned, or emergency services for short-term out-of-home placement in a respite provider's home. The parent education program provides separate groups for parents and children that meet concurrently. Topics covered in the curriculum include: building self awareness; teaching alternatives to yelling and hitting; improving family communication; replacing abusive behavior with nurturing; promoting healthy development; and teaching appropriate developmental expectations.	Family Preservation Family Preservation
Washington County	Funding will be directed to the Family Center. Specifically, child care services will be provided to parents attending the parenting or self-sufficiency classes.	Family Support
Wicomico County	Respite services will be provided to families who are in crisis and who are receiving services.	Family Preservation
Worcester County	The Enhanced Families NOW program identifies and serves families already involved in the Department of Social Services Continuing Protective Services when mental illness of the parent has been identified as the primary reason for intervention. The families are linked with a mental health clinician who provides an in-home assessment and individual and family therapy services and reinforces the work of the case manager in areas of parenting skills and child development.	Family Preservation

Child Maltreatment

Maryland's Governor, the State Legislature and early childhood stakeholders in Maryland have a history of commitment to creating a comprehensive system that delivers integrated, family focused services to areas of greatest need throughout the State. Maryland has a rich history of supporting early intervention programs in the State. In an effort to target and plan services for the most at risk populations a needs assessment was conducted. The assessment analyzed 15 indicators that put children and families at-risk were analyzed: including: prematurity, low-birth-weight, late or no prenatal care, teen birth and infant mortality rates; poverty; crime; domestic violence; high-school drop-outs; low school readiness rates; substance abuse treatment; unemployment; WIC and Medicaid participation; and/or child maltreatment. From this assessment communities in six jurisdictions were identified as being at the greatest risk: Baltimore City, Dorchester, Wicomico and Somerset, Washington and Prince George's. The risk factors for these jurisdictions include: a low percent of children ready to enter school, evaluated percent of families in poverty and unemployed, higher than average high school dropout rate and substance abuse treatment rate.

Five of the evidenced-based Home Visiting programs recognized by the federal government for Affordable Care Act funding are currently in operation in Maryland: Healthy Families America, Parents as Teachers, Home Instruction for Parents of Pre-school Youngsters (HIPPY), Early Head Start, and Nurse Family Partnership. Maryland has 24 jurisdictions which include Baltimore City and 23 counties. Of the nine federally-recognized evidence-based home visiting programs, 22 of Maryland's jurisdictions are actively using at least one of the nine evidence based programs. The State has supported the at risk jurisdictions to increase the availability of these services through planning and implementation grants.

The State Council on Child Abuse and Neglect (one of Maryland's three CAPTA citizen review panels) is developing the state comprehensive abuse/neglect prevention plan. One aspect of the plan is identification of communities where child maltreatment rates are above the norm. Geo-mapping of maltreatment occurrence will allow targeted prevention efforts for 'hot spot' areas. An initial evaluation by zip code allowed SCCAN members to see which communities had higher rates of reported child sexual abuse. Similar mapping will be completed for other maltreatment types so that jurisdictions can plan prevention strategies once the plan is finalized.

Maryland adopted the Signs of Safety model for identifying families where children are vulnerable to specific dangers in their environment and who are at risk of continued abuse/neglect. This approach makes continued use of Maryland's existing safety and risk assessments and focuses evaluation on specific issues related to 'danger' and identifying family and community supports to bolster safety. Use of this effort is designed to reduce recurrence of maltreatment. Evaluation of effectiveness of training on the model and impact on improving safety for child in their homes is scheduled to begin on June 27, 2012.

Human Trafficking Initiative

The Governor of Maryland requested that the Governor's Office of Crime Control and Prevention (GOCCP) convene a group of stakeholders to address the growing issue of Human Trafficking in Maryland. The Department has been involved in this effort from its inception, along with law enforcement, prosecutors, Department of Juvenile Services, Department of Public

Safety, Turn Around (private agency that is seen as expert on the topic) and other advocate groups. A two day Seminar was held in May 2012 to introduce the beginning of a comprehensive plan for how Maryland agencies will respond to prevent and provide services for victims of Human Trafficking.

Alternative Response

On May 2, 2012 Governor O'Malley signed into law a bill allowing DHR to implement a child protective services response to allegations of abuse and neglect that includes a traditional investigation and an alternative for allegations where safety concerns are low. The law requires the creation of an Advisory Council chaired by the Secretary or his designee to develop the alternative response implementation plan, assist with oversight and monitoring of the plan and help with the design of the evaluation of the new program. Recognizing the tremendous impact that the implementation of Alternative Response will have upon our child welfare system, the legislation created an Advisory Council to establish a plan for implementation of the program. Beginning in July 2012, the Council will meet at least monthly through June 2013. The Council has four workgroups – Policy, Practice, Community Partners and Evaluation. These work groups include DHR staff from the central and local offices, sister child serving agencies, law enforcement, parents, youth, members from advocacy groups and the legal community. Each work group has specific charges and deliverables. In addition, Casey Family Services is providing technical assistance to the Council.

During testimony before the Maryland legislature the alternative response system was described as a two track model (CPS investigations having a traditional and newly developed alternative track) which would continue to serve the same population of families (those where child abuse or neglect is alleged) and would complement the Department's work on family centered practice.

D. CONSULTATION WITH INDIAN TRIBES

DHR/SSA works with Maryland's Commission on Indian Affairs to ensure coordination with tribes. The Commission provides valuable information on the culture of American Indians and provides a forum to discuss issues relevant to Indian children involved in the child welfare system. This includes identification of Native American children in foster care, provision of cultural competency training to ldss staff, and recruitment of Native American families for resource homes. In SFY 12 eleven (11) Native Americans/Indians were identified as being in the out-of home care population. This equals **0.1%** of all children served in OOH care during the year.

On September 21, 2011 cultural competency training was held for caseworkers and supervisors in the local departments of social services. The trainer was the administrator for Maryland's Commission on Indian Affairs. In January 2012, Governor O'Malley issued executive orders formally recognizing the Piscataway tribe as a distinct people. This is Maryland's only recognized tribe as there are no federally recognized tribes in the state. The Piscataway tribe is an integral part of the Commission on Indian Affairs so Maryland will continue to utilize that format for coordination efforts.

E. PLAN FOR HEALTH CARE SERVICES FOR CHILDREN IN FOSTER CARE

Below is Maryland's plan for health care services for children in foster care.

Initial and Follow-up Health Screenings and Treatment, Medical Home and Documentation

Each child in foster care is enrolled into a Managed Care Organization (MCO) through their enrollment into Medical Assistance. This MCO establishes their medical home. Each child is assigned a primary care physician within 10 days of entering care.

Maryland's regulations and policy require that all children in foster care must have the following:

- Initial health screening within 5 days of placement
- Initial mental health screening within 5 days of placement
- A comprehensive health examination within 60 days of placement, which includes satisfaction of the required EPSDT components of Maryland Healthy Kids Program.
- Follow up medical appointments as indicated by the physician.
- Annual physical and dental examinations.

Data is presented on the number of children entering OOH care, the number/percentage of children receiving initial health screenings within 5 days, the number/percentage of children with an assigned medical provider within 10 days, and the number/percentage of children receiving comprehensive examinations within 60 days.

The Health Plan Advisory Committee (HPAC), which is discussed fully on page 65 of this report, will be developing a Health Care Services handbook. This handbook will be available for local department staff, providers and stakeholders outlining all of the available health care services.

Caseworkers are responsible for taking foster children to all initial appointments and conference with the physician regarding medical treatment and follow-up.

State Fiscal Year	Number New Removals in OOH, in Foster Care > 8 Days	Number Received Initial Health Screening w/in 5 days	Percent Receiving Initial Screening w/in 5 days	Number Medical Provider Assigned w/in 10 days	Percent Medical Provider Assigned w/in 10 days	Number Received Compre-hensive Examina-tion w/in 60 days	Percent Receiving Compre-hensive Examina-tion w/in 60 days
2009	**2,477**	**753**	**30%**	**877**	**35%**	**1,228**	**50%**
2010	**2,557**	**889**	**35%**	**1,210**	**47%**	**1,352**	**53%**
2011	**2,680**	**881**	**33%**	**1,366**	**51%**	**1,098**	**41%**

Source: MD CHESSIE – derived by the University of Maryland Baltimore

Although the number of children entering OOH care has increased over the past three years, the percent receiving initial screenings within 5 days remains stable, between 30% and 35%. The percentage of children with an assigned medical provider increased to 51% in SFY 2011, while the percentage of children receiving a comprehensive examination fell to 41%. It is believed that these low numbers and percentages reflect poor data entry, rather than children not receiving needed medical care.

In order to address data entry issues, DHR/SSA will utilize a data clean-up model that has worked for well for other indicators: Exception reports will be developed, with worker and supervisor identified, of cases where health data has not been entered into MD CHESSIE, and local departments will be expected to update the missing data.

Additional feedback will be given to the local departments of social services (ldss) through the Quality Assurance process on MD CHESSIE documentation of the initial medical exam (within 5 days), mental health assessments within 60 days, annual medical and dental exams, and ongoing medical/dental/mental health care.

Expectations for the actual percentage should not be significantly different than the sample case review data used in a 2007 report on the quality of casework practice (Child Welfare Accountability, Annual Report of Maryland Performance Indicators, December 2007):

- Percent of OOH Children receiving Initial Screening within 5 days was 91.1% (4% margin of error)
- Percent of OOH Children receiving Comprehensive Examination within 60 days was 90.5% (5% margin of error)

The "provider assigned within 10 days" statistic was not included in that report, nonetheless, Maryland remains committed both to assuring that foster children receive both timely and appropriate health assessments and care, and that foster care workers continue in their efforts to document these events correctly in MD CHESSIE.

Caseworkers are responsible for ensuring that foster children obtain needed health care and conferring with the physician regarding Medical treatment and follow-up.

All components of the child's health care are documented in Maryland's Health Passport. Every child in foster care receives a Health Passport. The caseworker and/or caregiver accompany the child on subsequent visits during which the physician consults with the caseworker and/or caregiver regarding the child's health and completes the Health Passport. Maryland physicians must complete the Health Passport forms each time they examine a foster child. The Passport includes the following:

- Medical Alert
- Child's Health History
- Developmental Status (ages 0-4 or child with disability)
- Health Visit Report
- Receipt of Health Passport
- Parent Consent to Health Care and Release of Records

The child's health needs and treatment are also documented in MD CHESSIE in the health screens, providing caseworkers and supervisors the ability to monitor and track the health care needs of the child.

In determining appropriate medical treatment for children in Out-of-Home placements, standards are outlined and described in: Maryland's regulations (COMAR); The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the Maryland Department of Health and Mental Hygiene (DHMH), Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the Environment. Under EPSDT, Medicaid covers all medically necessary services for children in out-of-home placements.

The Healthy Kids Annual screening components include:

- Health and Developmental History
- Height and Weight
- Head Circumference
- Blood Pressure
- Physical Examination (unclothed)
- Developmental Assessment
- Vision
- Hearing
- Hereditary/Metabolic Hemoglobinopathy
- Lead Assessment
- Lead-Blood Test
- Anemia hematocrit (Hct) / hemoglobin(Hgb)
- Immunizations
- Dental Referral
- Health Education/Anticipatory Guidance

These components represent the program's minimum pediatric health care standards. The State of Maryland uses board certified physicians to provide medical services to children in foster care. DHMH is responsible for oversight of all physicians and the collection of medical data on each child and working closely with DHR/SSA for implementation.

There are challenges to being in compliance with the required screenings as described above. Currently a small percentage of children are receiving screenings within the defined timeframes (see table above). Monitoring of the timeliness of screenings and examinations are incorporated into the QA reviews and will be provided in monthly data reports to local departments.

Consultation with Physicians and other Medical Professionals

The Department of Human Resources actively continues to consult and collaborate with sister agencies such as the Department of Health and Mental Hygiene (DHMH), the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School and the Maryland Department of the Environment around issues relating to health care for children in Out-of-Home placement. DHR/SSA has a Health Coordinator who collaborates with DHMH on

issues involving consultation or lack of consultation by physicians. This staff person also coordinates with Maryland's Managed Care Organizations (MCO) and local department of social services health coordinators to ensure effective service delivery.

Headed by Medical Director Dr. Rachel Dodge, MD., M.P.H., the Making All The Children Healthy (MATCH) program continues to provide medical case management and health care coordination for children and youth in the Baltimore City foster care system. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follow up for mental health treatment. The program is in the early stages of implementing a monitoring system that is based on the child's current functioning and complexity of psychotropic medication regimen. A child psychiatrist consultant will review the medical records of youth with designated "red flag" to identify youth whose regimen warrants further evaluation based on poor treatment response, complexity of regimen, safety concerns, or treatment that is not consistent with current standards of care. Presently, MATCH is exploring options to develop direct child psychiatrist consultation to prescribers and to develop a process for psychotropic medication consent that utilizes clinical review by MATCH staff. The MATCH program oversees the health care of 3,776 children in foster care, which represents 52% of youth in foster care statewide. Currently, DHR/SSA is reviewing the MATCH program to strategize options to implement health care monitoring and oversight in other jurisdictions.

Workgroups

Four workgroups were developed at the conclusion of the December 2010. Health Care Summit for Foster Youth included Medical Home and Tracking, Mental Health Access, Medical and Dental Access and Training. The workgroups included representatives from DHMH/MHA, local Department of Social Services, child advocacy groups, medical community (pediatricians, dental and etc), foster parents association, and DHR/SSA. The workgroups met monthly from January, 2011 - December, 2011. The groups focused on short-term strategies that would improve health care outcomes for children and youth in foster care. Each workgroup consulted with and incorporated evidence based and best practices materials when developing their strategies and formulating their recommendations. The sum of the recommendations by the workgroups included changes in the format of Health Passport form 631E, letters and transmittals to providers regarding access to all medical records, update DHMH's Health Insurance for Children through HealthChoice Manual that would be also available on both DHR/SSA and MD Resource Parent Association websites, utilizing the MD Foster Parent Newsletter for health related articles, and working with Managed Care Organizations (MCOs) to flag the needs of foster care children to increase wellness and compliance. Currently, DHR/SSA Executive Leadership Team is reviewing recommendations from each workgroup for possible implementation.

As outlined on page 27, all children over age 5 entering Out-of-Home (OHP) will have the CANS completed within 60 days of entry into out of home care. Children already in care will have the assessment completed at one of several triggers which will result in a requirement for every child over age 5 to have had an assessment by June 30, 2012. The MD-CANS has two trauma sections, Trauma Experiences and Trauma Stress Symptoms. The former allows the assessor to rate the youth's exposure to traumatic events including child maltreatment and removal. There are 13 items in the Trauma experiences section. The latter allows the assessor to

rate whether the youth needs an intervention to address any of the six Trauma Stress Symptoms (Grief/Separation, Re-Experiencing, Avoidance, Numbing, Affect Dysregulation, and Dissociation). These items were developed by the National Child Traumatic Stress Network.

The assessor is also able to provide a rating for each youth that communicates whether any of the youth's functioning problems are related to prior trauma exposure (Adjustment to Trauma). The assessment results will be used in the development of a treatment plan for each child to address the identified needs. The youth's progress will be monitored through the service plan and the bi-annual CANS assessment score.

As mentioned on page33, Trauma-Focused Cognitive Behavioral Therapy, to include emotional trauma associated with a child's maltreatment and removal, is becoming increasingly available around Maryland, and is funded through Medicaid. SSA has worked with the local departments to increase their awareness of the benefits and availability of this evidence based intervention. Prince George's Department of Social Services is in the process of exploring ways to increase the number of providers available to provide this service within that jurisdiction. Montgomery County, Baltimore City and the Eastern Shore currently participate in these programs. Several local departments participated in a trauma forum hosted by Kennedy Krieger funded as part of their SAMHSA (Substance Abuse and Mental Health Services Administration) National Child Traumatic Stress Network grant initiative. A workgroup will be convened in the summer of 2012, to include Kennedy Krieger, Child Welfare Academy and Montgomery County to explore formalizing child welfare trauma practice in Maryland. The assistant directors recommended targeting transitional age youth and voluntary placements for the initial implementation. As a first step, an overview of trauma informed practice will be included in the expanded pre-service training tracks slated to begin in July 2013. Local departments will be invited to pilot the curriculum developed by the Child Welfare Academy in consultation with the Trauma Academy at the Kennedy Krieger Family Center. The training will highlight the trauma experienced by youth involved in the child welfare system and planning to develop strategies to offer enhanced support for youth transitioning from care.

DHR and the Department of Health and Mental Hygiene (DHMH) are committed to ensuring that Section 2004 of the Affordable Care Act is implemented within the state of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Under the new provision, Medicaid must cover any child under age 26 who:

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and, due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133 percent of the Federal Poverty Level (FPL).

Former Maryland foster care children will be eligible to receive comprehensive health care coverage, *i.e.*, all services covered under the Medicaid State Plan. These eligibility changes take effect January 1, 2014.

Next Steps

An ongoing workgroup of stakeholders will be established to develop and monitor the health care work plan. This workgroup will be entitled the Health Plan Advisory Committee (HPAC). There will be four subcommittees within HPAC, which includes the policy and practices, oversight, coordination and monitoring, quality assurance/outcomes and evaluation and funding and legislation. HPAC will provide further consultation regarding the development of a statewide comprehensive medical service delivery model for children in out-of-home placement as well as to provide recommendations regarding effective long-term strategies that will improve health care outcomes for children in foster care. They will advise and recommend to DHR/SSA effective strategies for ongoing oversight and coordination of health services including emotional trauma associated with maltreatment and removal. HPAC will include representatives from DHR/SSA, Department of Health and Mental Hygiene's (DHMH) Mental Hygiene Administration (MHA) and Medicaid agency, Local Department of Social Services (LDSS), Managed Care Organizations (MCO), Health Care Professionals (pediatricians, medical social workers, nurses, psychiatry, optometry, dental, and gynecology), and the Maryland Foster Parent Association.

Oversight of Psychotropic Medications

Under Maryland's current policy the local director or assistant director is required to authorize the use of all non-routine medications and health care treatment including surgeries and psychotropic medication. In efforts to address the challenges associated with monitoring the use of psychotropic medication among children and youth in foster care, the Department of Human Resources, in partnership with the Department of Health and Mental Hygiene's Mental Hygiene Administration and Medicaid agency, submitted the Maryland State Application for the Center for Health Care Strategies (CHCS) Initiative: "Improving the Use of Psychotropic Medication Among Children and Youth in Foster Care". The Center for Health Care Strategies (CHCS) with funding from the Annie E. Casey Foundation (AECF) sought state applicants to participate in a three-year quality improvement initiative to improve the practice of psychotropic medication prescribing and management for children and youth in foster care. Maryland's proposal was "softly" rejected with the compliment that the State was too advanced in its medication monitoring to benefit from technical assistance. . It was felt that Maryland was not in need of technical assistance. The suggestion was that the work already in process continues. The State may be included in a larger learning collaborative in the future.

The American Academy of Child and Adolescent and Psychiatry has published a February, 2012 Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents. This document provides information to service providers in community-based systems of care, and families, regarding the role of psychotropic medications in a youth's treatment plan. The guide has been distributed to the local Department of Social Services and will serve as a guidance tool that will assist workers on what to look for in the youth and how best to collaborate with psychotropic medication prescribers before, during, and after a course of treatment with a psychotropic medication. A copy of the memo (Appendix S) and the publication (Appendix T) is included. In addition, a draft policy has been developed and is attached (Appendix U and Appendix V) and is in the process of being reviewed by stakeholders for comments. The policy will be finalized and be distributed to the local departments during this reporting period.

The Psychopharmacology Monitoring Database is an initiative by State leadership at Mental Hygiene (MHA) and DHR/SSA to examine the quality assurance of psychotropic medication use among the children in the Baltimore City Department of Social Services. The database combines administrative records from MHA (i.e. mental health claims) with DHR/SSA data on youth in out-of-home placement. The database was designed to reduce inappropriate prescribing to youth in foster care that is not consistent with current standard of care and/or treatment guidelines; enforce appropriate safety monitoring for youth maintained on psychotropic medications; and track psychotropic utilization trends for youth in foster care. This initiative has been on-going for the past two years as a result of successful collaboration among the State child serving agencies and faculty at the University of Maryland, Schools of Pharmacy and Medicine. Currently DHR/SSA is meeting with stakeholders to develop ways to expand the monitoring database statewide.

The Peer to Peer Program operates through the State Medicaid agency. This program, which was implemented in October 2011, conducts pre-authorization reviews for antipsychotic treatment to youth under five years old. This program impacts all Medicaid enrolled youth, which includes all children in foster care. Providers are required to submit indication for medication treatment/target symptoms, baseline side effect assessments (e.g. fasting blood work is required), information on referral for non-medication psychosocial treatments (e.g. psychotherapy), the antipsychotic medication and dose being requested, and a list of any co-prescribed medication. Initial review is completed by a pharmacist, and a child psychiatrist consultation is provided if the required criteria are not met and prescriber wished to appeal the disapproval. Ongoing review of antipsychotic treatment is required every 90 days to assess if adequate safety monitoring and treatment response has been achieved to support ongoing medication treatment. In the next six months, the Peer to Peer program will be expanding the age of youth served to age 9 and over, and eventually to age 17 and over in the next 18-24 months.

F. DISASTER PLAN

Maryland has an Emergency Operation Plan that enlists and emphasizes the partnership of all of Maryland's governmental agencies and private organizations. The plan establishes support teams to facilitate more effective and efficient use of resources. The function-oriented approach of the plan enables coordinators to deploy resources and complete tasks more effectively. It outlines an approach and designates responsibilities intended to minimize the consequences of any disaster or emergency situation in which there is a need for state assistance.

DHR/SSA has a Continuity of Operations Plan (COOP). This plan presents a management framework to establish operational procedures necessary to assure the capability to conduct and sustain essential agency functions across a wide range of potential emergency situations. The plan identifies mission critical functions, classifies vital records, systems and equipment, describes relocation procedures and alternative facility locations, and provides orders of succession and limitations of authorities, and details implementation and plan maintenance procedures.

In Maryland, direct services are delivered by our twenty-four (county) departments of social services (ldss), which are blended entities with both state and local authorities and

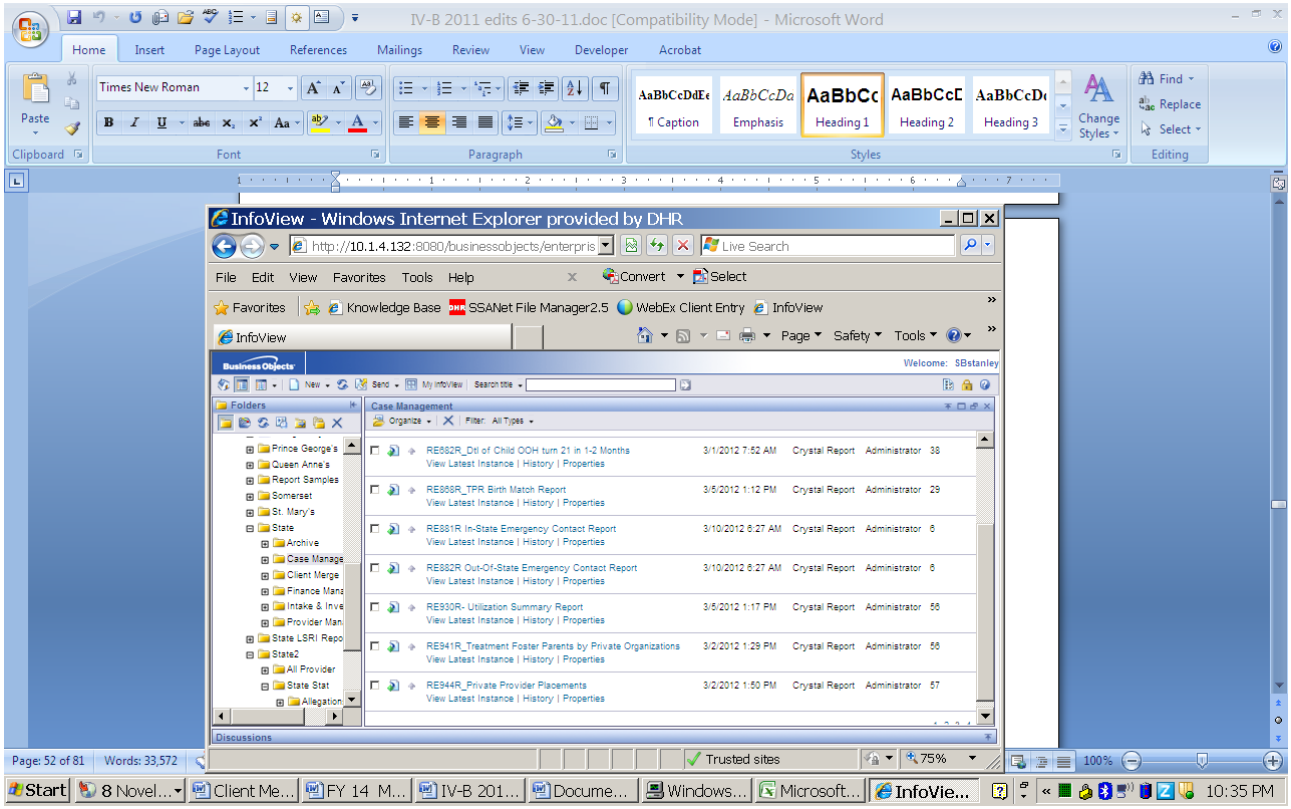
responsibilities. All of the LDSS' have been directed by DHR to fully support their local emergency management office and to shoulder whatever responsibilities are assigned to them as part of the local (county) emergency plan. Each jurisdiction's emergency plan follows the standards set by DHR that include the services provided to children under state care and identified new cases for children displaced or affected by a disaster. The jurisdictions' COOP plans also include the response, communication, coordination of services and information and record access. The details of the COOP plans vary to adapt to the specific locale.

Twenty-one of the state's twenty-four local jurisdictions have designated their LDSS as the lead agency within their jurisdiction for Emergency Support Function #6 – Mass Care and Emergency Assistance (ESF #6) and the remaining three jurisdictions have designated their LDSS as a support agency to that ESF. This mirrors the structure under the Maryland Core Plan for Emergency Operations (Core Plan); where at the State level DHR is designated as the lead agency to support ESF#6. Under the Core Plan, primary responsibility for responding to an event lies with the local jurisdiction. The State is expected to step in with supplemental resources or additional complete operations when asked to meet shortfalls at the local level. The roles of the LDSS' and DHR as ESF#6 leads within their respective jurisdictions are fundamentally similar, and involve responsibility for developing plans, obtaining resources, and coordinating with other support agencies (both government and Non-Government Organization (NGO)) to meet the needs for shelter, food and water, and other elements of "mass care" during a public emergency. The exact nature and details of those plans vary from jurisdiction to jurisdiction based on local circumstances and the local resources, while simultaneously empowering DHR to coordinate additional resources from throughout the State when they are needed to supplement local efforts.

DHR is taking many steps to meet its additional ESF#6 responsibilities and those emergency duties that naturally fallout from its normal operations. For example, all personnel at all levels of DHR are required to take in-service training courses in Emergency Preparation (EP), and in Shelter Management/Operations (SMO). These courses were developed internally but in consultation with the Federal Emergency Management Agency (FEMA), American Red Cross (ARC), and other partner agencies. SMO is taught jointly throughout the State by staff from Office of Emergency Operations (OEO) and American Red Cross (ARC). The EP course has been modified for presentation to Foster Parents, and similar modified versions of the course are planned for other communities served by DHR.

Additionally, DHR is working with vendor support to develop a framework within MD CHESSIE for tracking the emergency plans of children placed in independent living. The goal is to develop a framework that can be easily adapted to other sorts of placements. The project has outlined specific design objectives and is seeking budgetary resources. There are also ongoing investigations of different alternatives for post-disaster reunification and tracking of children in and out of State custody. Partnerships with other entities will likely play a significant role in any long-term solution. Current discussions involve different alternatives with fellow State agencies, nonprofits, and for-profit contractors, and are heavily impacted by budgetary considerations. Maryland did not have a disaster in the last year.

Two new reports were created, RE881R In-State Emergency Contact Report and RE882R Out of State Emergency Contact report. These reports are generated weekly and are accessible through business objects. Business objects is a web based application that is accessible to anyone with the proper security and VPN access.



G. CHILD WELFARE DEMONSTRATION ACTIVITIES

Maryland does not have any demonstration grants. The State does have the Fostering Connections discretionary grant. Below is an update on the Fostering Connections grant.

Fostering Connections (Family Kin Connections)

This is the final year of the Kinship Connections: Making Place Matter through Family Connections three-year demonstration project which will end on September 30, 2012. The concepts of implementation science have been introduced to the seven pilot counties (Anne Arundel, Baltimore, Charles, Montgomery, Prince George's Washington, and Baltimore City) so they can give input into the development of the statewide implementation plan. Representatives from the pilot sites will participate as peer consultants as other counties implement, Kinship Navigators and Family Finding. The plan is to begin statewide staggered replication in July 2012.

The recruitment for jurisdictions to begin implementing Kinship Navigators and Family Finding is being vetted with the SSA Steering Committee. Consideration will be given based on the data trends for relatives and APPLA cases as well as participation in other pilot initiatives.

Policy directives are being developed to guide the statewide implementation based on lessons learned from the pilot sites. The role of the Kinship Navigators and the approach to diverting children to relative placements will complement the Consolidate In-Home Services Model. The role of the Family Finders will standardized and aligned with the independent living and identification of permanent connections policies.

The Kinship Navigator and Family Finding policies will be issued summer of 2012. The core evaluation components of the demonstration project will be integrated into the overall Phase II FCP evaluation plan that is scheduled to also begin in July 2012. While the initial implementation evaluation focused on the organizational readiness, Phase II will highlight the actual practice changes and the resulting impact on safety, well-being and permanency outcomes for children and youth. Feedback from local department staff will still be solicited, but the emphasis of the Phase II evaluation will target feedback from youth, families and stakeholder assess their experiences with our practice change as compared to the outcomes for children and youth. The evaluation components of Youth Matter and Fostering Connections demonstration project will be integrated these evaluation activities as part of the overall family centered practice sustainability plan.

SSA continues to provide administrative and practice technical assistance to the pilot sites. Administrative representatives continue to meet monthly to discuss practice activities and challenges. Monthly practice support groups for Kinship Navigator and Family Finding staff to share practice experiences to inform the policy decisions. SSA continues to meet with the Ruth Young Center (RYC) at the University of Maryland School of Social Work and Child Trends research partners bi-weekly to review and refine the evaluation process. The current efforts of the research team are designing the evaluation sustainability activities to include in the Phase II FCP evaluation plan.

The Family Finders in the pilot sites have been able to access the Lexis Nexis search engine through their respective local Child Support Enforcement staff. This interim strategy is being employed while the funds to execute a longer term contract are still being explored.

Monthly kinship caregiver support groups continue to be held in Anne Arundel, Baltimore Charles, Montgomery and Washington Counties. Advisory board meetings are being held in Anne Arundel, Charles and Washington Counties. Baltimore and Montgomery Counties plan to merge advisory boards with established groups. Resource guides have been developed by Anne Arundel, Baltimore, Charles, Montgomery, Prince George's and Washington Counties.

The most recent evaluation period for this demonstration project is October 1, 2011-March 31, 2012. During this period, the Kinship Navigators provided services to 211 new informal kinship caregivers. These families included 198 children whose mean age is 8.6 years of age. The average number of contacts with each family is 3.8 over an average of 3.5 weeks intervention period. In terms of the Family Finders, 70 cases were opened during this reporting period. The

average age of the youth is 15 years of age. The Family Finders close cases after an average of 31 weeks of search services with a range of 4-81 weeks.

H. ADOPTION INCENTIVE PAYMENTS

Maryland has been awarded Adoption Incentive Funds for the 738 adoptions achieved during FY 2010 and for the 544 adoptions achieved during FY 2011.The goals are as follows: (1) To facilitate stabilization of an adoption placement prior to finalization; (2) To help maintain an adoption after finalization; and (3) To recruit families for older children and children of any age who present challenges that hamper identification of family resources for adoption.

Each local department was given an allocation; the majority of the funds were spent on maintaining adoptions after finalization for services including counseling, mental health treatment, respite services, educational services including educative tools, physical rehabilitative services and tools, and specialized camps for the children. Local departments are required to report monthly on the expenditures incurred.

A plan had been in place to spend $50,000 on the costs of linking the Maryland Adoption Resource Exchange (MARE) database to MDCHESSIE. However, these funds were not spent for this purpose as future photo listings of children available for adoption are now managed through AdoptUSkids, the federally funded adoption photo listing website. The funds were instead spent for expenses related to maintaining adoptions after finalization, in post adoption support services. The services and percentages spent within each category follows:

Services Provided after Finalization

Services / Expenses	Percentages
Counseling and mental health therapeutic - (Includes direct therapeutic intervention and evaluations)	81%
Respite services	10%
Educational and mentoring services	2%
Physical rehabilitation services	1%
Special camp services	2%

Services Provided Prior to Finalization

Services / Expenses	Percentages
Legal services	1%
Renovation services to homes for children with handicaps	2%
Psycho-social evaluations	1%

A portion of the remaining funds will be utilized to provide Adoption Subsidy Training, Best Practices and Interjurisdictional Placement Trainings and Matching Workshops to local department staff statewide. This training will improve local departments' ability to make more timely decisions and placements for children with a plan of adoption and to standardize adoption practice.

Also, funds will be provided for 100 scholarships to the North American Council on Adoptable Children (NACAC) Conference for adoptive families. The scholarships will allow foster and adoptive families from the state of Maryland to attend a national, annual adoption conference that will be held in Crystal City, Virginia in July 2012. This conference will have workshops from leaders in the adoption field that address many issues related to parenting special needs children, including managing behavior with challenging children, and managing contact with birth parents in the age of social media.

I. CHILD AND FAMILY SERVICES PROGRAM (CFSP) TRAINING PLAN

The Maryland Department of Human Resources – Title IV-E Training Matrix (Appendix E) provides a framework for the technical assistance plan to assure improved quality in the child and family services system. An expansion of these activities is proposed to include kinship and guardian assistance and to increase training time for advocates, lawyers and other court personnel.

Training Updates

- A series of trainings for both workers and supervisors/administrators has been put in place for Signs of Safety (SoS), a strengths-based, safety focused, family engagement Child Protective Services (CPS) intervention strategy. SoS will be added to the training for all new workers and both one and two day trainings have been implemented to train all existing staff and administrators.
- The revised pre-service training is offered as a 20-day skill based curriculum that is divided into six training module. This includes 4 online training sessions.
- CANS training has been incorporated into the pre-service curriculum and introduced during Module 4: Family Centered Assessments.
- An on-site computer lab was established at the Child Welfare Academy to orient the new employee to MD CHESSIE. This four-day MD CHESSIE training is conducted as an additional pre-service training module. This on-site computer lab has allowed for the direct application of key assessment tools and case plan activities throughout pre-service training. A review of enhanced MD CHESSIE application skills is being conducted to develop additional practice opportunities during FY2013.
- The Excellence in Child Welfare Supervision certificate program will be revised to include the core components of the Supervision Model and offered to all new supervisors upon completion of pre-service requirements. Advanced training courses are being developed for the experienced supervisors to highlight the expectations and core components of the Supervision Model. A companion supervision coaching course is being created as a transfer of learning activity to offer peer support for supervisors.
- A facilitation coaching course was developed to support the emerging practice skills of staff after completing the FIM facilitation workshop. Experienced facilitators and SSA policy staff attended the facilitation coaching course in November 2012 to develop a core group of facilitation coaches as well as build the capacity to deliver technical assistance support. The facilitation coaching model will be the framework for the supervision coaching plan.

- A youth engagement curriculum was developed and piloted with the statewide Independent Living Coordinators as part of the Youth Matter implementation efforts. A youth panel was trained to share their out-of-home care experiences with participants and engage with them during the training practice activities. A pre-training webinar was developed to orient participants to the model so that the classroom training session could focus on the process of engaging youth in case planning decisions. Training was completed with the Lower Shore Youth Matter pilot counties in November 2011. Training is scheduled to finish with the Prince George's pilot site by June 2012. After completing the training in pilot sites, regional youth engagement sessions will be scheduled for the remaining jurisdictions.
- Several specialized training series were developed. The topics included, Early Childhood Mental Health, Domestic Violence, Medical Aspects of Abuse and Neglect, and Substance Abuse.
- The third annual Voluntary Placement Summit was hosted on November 15, 2011. The agenda addressed policy and practice considerations to facilitate a successful Voluntary Placement (VPA) assessment, placement and closing process. The summit was expanded to include both in-home and out-of-home child welfare staff.
- Models for Kinship Navigator and Family Finding training content and delivery will be developed based on the revised training plans for these components of the demonstration project.
- A comprehensive review of the introductory program specific courses was conducted. Upon completion of pre-service training, new employees were previously assigned to either an Introduction to Child Protective Services or Introduction to Out-of-Home Placement course that include aspects of risk and safety assessments. Extensive revisions of these introductory courses were completed using the Signs of Safety framework that Maryland is implementing.

After consulting with the local departments and piloting the revised curricula, two new courses are being offered. A Risk and Safety training is offered to new employees after pre-service before enrollment in the program specific introductory course. A new training, Assessing and Planning for Risk and Safety, was added for all current child welfare staff. This new one-day training on the Signs of Safety framework will be offered regionally to all supervisors and administrators. Training has been scheduled for supervisors and administrators in Baltimore, Harford, Montgomery and Talbot Counties. After supervisors are trained by September 2012, the course will be added to the regular CWA schedule.

SSA is working with the CWA to develop a comprehensive evaluation model to assess the effectiveness of training and the connection to practice outcomes. This will include additional transfer of learning opportunities for caseworkers and supervisors. Best practices for developing standardized fidelity measures will be researched.

The risk and safety, facilitation, coaching, and youth engagement were the major curricula additions. The facilitation training has not only increased the capacity to conduct FIMs, but enhanced the understanding of engagement and team building with family members and community partners. It has also fostered communication and accountability for support the needs of children and their families.

The youth engagement curriculum promotes interactive collaboration for case planning, communication and problem solving between youth and child welfare staff. Youth representatives attend as panelists to share their experiences in a structured format. The youth also participate as team members to share their insight during case planning scenarios. For the youth, this serves as public speaking, empowerment and advocacy life skills opportunities.

The coaching training was initiated with a core group of trained facilitators and SSA staff. This initial cohort will share insight gained for the future development of the skills to support and guide supervisors as that training for the Supervision Model begins.

In addition, SSA offers Bi-Annual Regional Supervisory Training. Each Bi-Annual Regional Training is conducted at four (4) selected dates and locations to encourage statewide participation. Approximately 400 supervisors attend the Bi-annual Regional Training. These trainings include policy and data reviews, technical assistance with program policy changes and new legislation, plus giving the opportunity to interact with statewide supervisors and central staff.

Also attached is the training matrix for courses for the Department of Juvenile Services (Appendix F) and courses offered related to trauma (Appendix G).

J. QUALITY ASSURANCE SYSTEM (EVALUATION AND TECHNICAL ASSISTANCE GOALS AND OBJECTIVES)

During SFY12, the *Child Welfare Continuous Quality Improvement (CQI) Policies and Procedures Manual* was revised and published. Based on feedback received from local departments, as well as any identified areas needing improvement in the last federal CFSR, the Quality Assurance/CQI process was revised over the past three years to include more comprehensive case reviews, a greater use of aggregate data and data analysis, and increased community/client participation. Additionally, the revised CQI process focuses on both Maryland's Place Matters indicators and federal CFSR indicators. The CQI process is governed by both federal CFSR PIP measurement requirements and Maryland law (Child Welfare Accountability Act, 2006) requirements.

Although the next round of significant revisions to the CQI process is not planned until January 2014* (when the current round of all 24 LDSS reviews is completed), the Quality Assurance unit is committed to continual improvement of its own process, both to advance the work of the unit and to serve as a model for the local departments. Satisfaction surveys are completed by volunteer interviewers at the end of each on-site review, and feedback is also requested of each LDSS at the end of their on-site review. Feedback received thus far has resulted in revisions in the volunteer training process, and current review of interview forms, for possible revision.

*(*Please note that any revisions made to the CQI process will not affect any commitments made in the CFSR PIP Measurement plan.)*

The Continuous Quality Improvement process is based on four major components:

1. The LDSS self-assessment;
2. MD CHESSIE case reviews by the DHR/SSA Quality Assurance unit;
3. On-site review of the LDSS;
4. The LDSS development and implantation of a Continuous Improvement Plan.

At the initiation of the CQI process, the LDSS conducts a comprehensive self-analysis, during which stakeholder focus groups are held and an analysis of aggregate data (on the Place Matters/ CQI indicators and other data) is completed. DHR/SSA Quality Assurance staff then complete comprehensive MD CHESSIE case reviews on a random sample of Investigation, In-Home, and Out of Home cases (30 total; 10 from each program area). Finally, the DHR/SSA Quality Assurance team leads a volunteer group in conducting interviews on-site at the LDSS with case-related individuals (children, youth, family members, foster parents, etc.). Additional interviews are held with stakeholder focus groups (providers, attorneys, judges, school personnel, staff, etc.). These three components provide detailed information about the causes behind trends (positive and negative) seen in the aggregate data.

After this process, the LDSS develops a Continuous Improvement Plan in conjunction with DHR/SSA, and then enters a three-year implementation and monitoring period. Monitoring is conducted semi-annually, with technical assistance provided by the University of Maryland School of Social Work.

In SFY11 three local departments underwent the Continuous Quality Improvement (CQI) on-site and case review process (Worcester, Somerset, and Baltimore County). In SFY 12, seven on-site reviews have been completed: Howard, Cecil, Wicomico, and Washington, Montgomery, Dorchester, and Allegany. Ten on-site reviews are scheduled for SFY13.

Data gathered from the CQI process is analyzed in three methods:

- Analysis of Place Matters/CQI Indicators as areas needing improvement or areas of strength, including the "story behind the data"
    - Data for these indicators is mainly derived from MD CHESSIE (Maryland's SACWIS system)
- Analysis of MD CHESSIE case review data according to the CFSR PIP Measurement Plan, focusing on CFSR Items 3, 4, 7, 10, 17, 18, 19, and 20
- Analysis of MD CHESSIE case review data according to CQI domains and child welfare program areas:
    - Investigations – assessment of safety/risk; timeliness of investigation; investigation; service planning; services; and caseworker visits.
    - In-Home - assessment of safety/risk; assessment; service planning; services; caseworker visits; and case closure.
    - OOH - assessment of safety/risk; assessment; service planning; services; OOH placement; caseworker visits; family contact/relationships; permanency goal; education and medical; VPA; aftercare; and APPLA.

Findings from each ldss review are shared with the DHR/SSA leadership team, in order to ensure that needed training and technical assistance are provided, and that any feedback on state policies

is shared. Additionally, an annual report will be developed which highlights common themes found across multiple LDSSs. Common findings thus far indicate statewide challenges regarding resources for children and families with special needs, services and resources for older youth, difficulty in some jurisdictions recruiting permanent resource homes for children/youth, and need for technical assistance to individual jurisdictions on policy implementation. DHR/SSA's contracts and resource units have several strategies in place to realign contracted resource providers with services needs, local departments are implementing targeted recruitment strategies for permanent resource families, and individual technical assistance is being provided as needed. Specific recruitment strategies are outlined on page 30 of this report under the Foster and Adoptive Parent Recruitment section.

Lastly, in accordance with CFSR PIP measurement requirements (and after consultation with and technical assistance from the Children's Bureau), and based on feedback received by the LDSSs through the QA process, the Local Supervisory Review Instrument (LSRI) requirements was discontinued, and replaced by a more rigorous MD CHESSIE case review process, conducted by DHR/SSA Quality Assurance staff (mentioned above).

Research/Evaluation

The DHR/SSA Research and Evaluation unit is responsible for child welfare data collection, data analysis, report development and dissemination, evaluation and reporting of State and federal indicators, and the selection and development of program evaluation measures. These research activities are based on the Results Accountability framework, which attempts to answer three basic questions regarding the performance of the child welfare system:

- How much did we do?
- How well do we do it?
- Is anyone better off?

In order to complete this work, the Research/Evaluation unit works closely with the DHR/SSA Policy and Program unit, DHR/SSA leadership, the Local Departments of Social Services, and external stakeholders. Critical work is done in coordination with DHR Office of Technology for Human Services (OTHS) and the SACWIS vendor, Xerox; these technical efforts focus on report development, testing, and validation, as well as data clean-up and enhancements to MD CHESSIE which improve data collection and accuracy.

The unit also has an ongoing contract and close working relationship with the University of Maryland School of Social Work (SSW) Ruth H. Young Center for Families and Children to increase Maryland's research and data capacity for child welfare. Collaboration with and technical assistance from the University of Maryland School of Social Work has enabled DHR/SSA to improve the quality of data used in measuring statewide Place Matters goals, federal CFSR indicators, AFCARS, NCANDS, and NYTD requirements, and caseworker visitation. Data reports are available (and analyzed) on state and jurisdiction levels. The University of Maryland School of Social Work also works closely with OTHS and Xerox to develop and test queries used in reports finalized by Xerox. A majority of Maryland's child welfare reporting capability is the result of the collaboration between DHR/SSA's Research/

Evaluation unit, DHR/SSA's MD CHESSIE/Systems Development unit, the SSW Ruth H. Young Center, OTHS, and Xerox.

Maryland has also worked closely with the National Resource Center for Child Welfare Data and Technology to improve data quality for AFCARS and NCANDS submissions, including enhancing our report querying logic and the SACWIS system itself (see section below on MD CHESSIE.) The Research/Evaluation unit is also currently working on improving NYTD data collection and submission.

The Research/Evaluation unit also has a partnership with the University of Chicago's Chapin Hall Center for Children to collect and produce longitudinal analysis of foster care data. Other partnerships include work with Casey Family Programs and the Foster Court Improvement program. Each partnership is designed to provide unique analysis and perspectives to the entire array of data available regarding Maryland child welfare.

Child welfare data is made available to the public monthly via the DHR website (http://dhr.maryland.gov/ - Data and Reports page) and other publications.

DHR/SSA continues the Place Matters initiative, which focuses on Family Centered Practice and the safe reduction of the number of children in out of home care. The current Place Matters indicators and SFY 12 goals are:

- CPS Investigation open less than 60 Days at end of month (goal of 85% or higher)
- Number of children in out of home care (overall statewide goal of 6,844 or less by end of SFY 12; each jurisdiction has individual goals designed to reach the statewide goal)
- Reducing the proportion of children placed in group care (goal of 11% or less)
- Increasing the proportion of children placed in family homes (goal of 76% or higher)
- Caseworker visitation (goal of 90% or higher)
- Number of children exiting to guardianship (statewide goal of 806 by end of SFY 12; each jurisdiction has an individual goal designed to reach statewide goal, based on number of children with a permanency plan of guardianship)
- Number of children exiting to adoption (statewide goal of 464 by end of SFY 12; each jurisdiction has an individual goal designed to reach statewide goal, based on number of children with a permanency plan of adoption)
- Recurrence of maltreatment within six months (goal of 5.4% or lower)
- Absence of child abuse and neglect while in foster care (goal of 99.68% or higher)
- Placement Stability - percent of foster children less than 12 months with two or less placement settings (goal of 86% or higher)
- Increasing the proportion of children placed within their home or adjacent jurisdiction (goal of 75% or higher)

The Place Matters indicators have been a critical evaluative tool since SFY 2009, although they have evolved over the past four years as available data has changed and priorities have shifted. The following chart outlines the Place Matters indicators used in SFY2009, SFY2010, and SFY2011, and SFY12. Indicators have been selected based on communication power (to stakeholders and to the public), data availability, and the strength of the indicator to evaluate safety, permanency, and well-being of children served by DHR/LDSSs.

Place Matters Indicators – Evolution of Key Success Indicators

State FY 2009	State FY 2010	State FY 2011	State FY 2012
Number of Children in Out-of-Home Placement	Same	Continued	Continued
Number of children in group homes	Percent of children in group homes	Same	Continued
	New: Percent of children in Family Homes (including Trial Home Visits)	Same	Continued
Number of Foster Homes	Discontinued	n/a	n/a
Recurrence of Maltreatment	Continued	Continued	Continued
Reunification within 12 Months	Discontinued	n/a	n/a
Adoption within 24 Months	Discontinued	n/a	n/a
	NEW: Number of Children Adopted (compared to Annual Adoption Goals)	Continued	Continued
Percent of Children Placed in their Home Jurisdictions: - Family Foster Homes - Group Homes	Same	CHANGED: Percent of Children Placed in Home/Adjacent Jurisdictions – ALL Placements	Continued (with addition of percent of placements with missing addresses)
CPS Investigation open less than 60 Days at end of month		New for SFY11	Continued
Caseworker Visitation--Percent of Foster Children visited Every Month		New for SFY11	Continued
Absence of Child Abuse and Neglect while in Foster Care		New for SFY11	Continued
Placement Stability (Percent of foster children less than 12 months with two or less placement settings)		New for SFY11	Continued
Exits to adoption and guardianship			New for SFY 12

Notes on changes to the Place Matters indicators:

- Number of children in out-of-home placement and percentages of children in family and group homes have been continual Place Matters indicators.
- The number of foster homes was discontinued in SFY10 as new data revealed that the local offices had more homes and beds available than were being used; therefore, the push to increase foster homes was de-emphasized.
- CFSR indicator of recurrence of maltreatment has been a continual Place Matters indicator.
- CFSR indicators regarding length of stay were discontinued in SFY10, as the State recognized that exiting children who had been in care for several years would result in false 'poor' outcomes for jurisdictions even though this represented good outcomes for children. Goals for exits to guardianship and adoptions were introduced in SFY 12. Length of stay goals based on entry cohorts may be considered as future evaluative goals (although perhaps not for Place Matters purposes).
- The percent of children placed in their home jurisdiction has been problematic, as originally conceptualized, because not all jurisdictions have a group home located in their jurisdiction. The State remains interested in children being placed close to home, and has refined the indicator to assess the percent of all children placed either in their home *or adjacent* jurisdiction.
- CPS investigations closed timely, caseworker visitation, and placement stability were added in SFY 12 to reflect new emphasis on additional aspects of casework practice and quality.

K. BIRTH TO 5 INITIATIVES

Based on data reported in the December 2011 Out-of-home Placement report 22% of our children in out-of-home care are ages 5 and under. Approximately 98.5% of the children under 5 are placed in Family Home Settings. For additional information please see http://goc.maryland.gov/PDF/LegReports/OOH/FY2011%20OOHP%20Report.pdf

Maryland has put an important emphasis on ensuring and promoting positive child-well being outcomes for children 5 and under. The state realizes how crucial it is to monitor the progress of children in several areas, and has chosen three overarching themes and eight results areas to describe child well-being across all age groups. Of the eight result areas the five target children 5 and under (they are listed in blue below):

Maryland's Three Overarching Themes

1. Health
2. Education
3. Community Life

Maryland's Eight Results for Child well-Being (Blue results target children 5 & under)

- Babies Born Healthy
- Healthy Children
- School Readiness

- School Success
- School Completion
- School Transition
- Safety
- Stability

To read more about Maryland's Results for Child Well being please see http://goc.maryland.gov/PDF/2011%20Results%20for%20Child%20Well-Being%20Report.pdf

Along with Maryland's Results for Child Well-Being, the Children's Cabinet has made children 5 and under a priority. The efforts have focused on the following initiatives: Funding Evidence Based Home Visiting Practices (described on page 34); Ready at 5; the Five-Year School Readiness Action Agenda; efforts to reduce substance exposed infants; and concurrent permanency planning.

Ready At 5

Ready At Five is a statewide public-private partnership committed to ensuring that every child enters school fully ready to succeed. Ready At Five was founded in 1992 by six prominent organizations dedicated to Maryland's young children in response to the first National Education Goal, "All children will enter school ready to learn." As a board designated program of the Maryland Business Roundtable for Education, Ready At Five monitors the school readiness of Maryland's young children, advocates for systemic change in early care and education, and explores and promotes innovative models aimed at improving the school readiness of children birth to age 5. To support parents, early educators, public school teachers, and community leaders in their role as "First Teachers," Ready At Five provides professional development opportunities and a variety of multilingual resources.

Ready At Five aims to improve the school readiness of Maryland's young children, birth to age 5. Ready At Five works toward this goal by:
• Coalescing, influencing, and galvanizing key stakeholders, policy makers, and communities to support early care and education
• Providing professional development to build a vibrant, highly skilled workforce of "First Teachers"—parents, early educators, and pre-k and kindergarten teachers
• Promoting high quality early learning environments and best practices to ensure positive results for young children

For more information, please review: http://www.readyatfive.org/

Five-Year School Readiness Action Agenda

In collaboration with early childhood stakeholders and with guidance from the 40- member Maryland Early Care and Education Committee, MSDE is implementing the Five-Year School Readiness Action Agenda. The Action Agenda was developed through collaboration among MSDE, child-serving agencies, the private sector, the Children's Cabinet, and the Annie E. Casey Foundation. The Action Agenda consists of six goals and 25 strategies to increase the

number of children entering school ready to learn. With the support of the Governor's Office and the General Assembly, the Action Agenda has been adopted by the Children's Cabinet and is now the official plan for early care and education in Maryland.

The Action Agenda Goals

1. All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full-day options.
2. Parents of young children will succeed in their role as their child's first teacher.
3. Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.
4. All early care and education staff will be appropriately trained in promoting and understanding school readiness.
5. All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.
6. Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts.

For more information about the action agenda please review
http://www.msde.maryland.gov/NR/rdonlyres/0EEC3E55-AF50-495C-B01F-412DAE007843/31007/5yrMLAP.pdf

Efforts to Reduce Births of Substance Exposed Infants
Since 2004 the Department has had statewide policies for the referral to Child Protective Services (CPS) of substance exposed infants who are believed to be at substantial risk of harm and for the development of a plan of safe care through collaboration with partnering agencies. Over the years staff in these agencies has come to believe that identifying these infants at birth is nine months too late and that increased efforts should be made during pregnancy to identify substance use problems. The Department has been involved with several collaborative groups to develop programs and training. In 2009 a Carroll County team began to plan to implement a nationally recognized model, SART (Screening, Assessment, Referral and Treatment), and to train all obstetrical providers and staff. While it is too early to ascertain whether there has been a decrease in the number of substance exposed infants identified at birth, preliminary data indicates that substance using pregnant women are being identified and about half are accepting a referral for assessment and treatment.

The Department is also working with a group led by the Maternal and Child Health Bureau in the Baltimore City Health Department to develop a practice collaborative to prevent substance exposed pregnancies. The bureau just received a grant from CityMatCH, the National Organization of Urban Maternal and Child Health Leaders and efforts are in the planning stage. Finally, the Department is working with a collaborative group on a toolkit for all obstetrical providers Statewide to help them screen patients for alcohol and substance use during pregnancy. The Regional Perinatal Advisory Group (RPAG) of central Maryland (staff in health departments in Baltimore City and the surrounding counties of Baltimore, Anne Arundel, and Howard) and the Medical Society of Maryland lead the efforts. Funding is provided by the State AIDS

Administration. The plan is to begin to distribute the toolkit and provide training in September 2012.

Child Protective Services

The federal Child Abuse Prevention and Treatment Act requires children birth through their third birthday who are involved in a substantiated (Indicated in Maryland) case of child abuse or neglect be referred to early intervention services funded under part C of the Individuals with Disabilities Education Act. In Maryland that program is Infant and Toddlers. Each of Maryland's twenty-four jurisdictions have agreements between child protective services and the Infant and Toddlers program that spells out the referral process.

Additionally, Maryland's safety and risk assessments both direct attention to children 0-5 years of age. Safe-C asks workers to plan for safety in situations where children are under the age of 6 and issues threatening their safety are present. The Maryland Risk Assessment has workers classifying children 2 and under as 'high' risk and those 3-7 as 'moderate' risk.

Foster Children Under the Age of 5

Over the past three (3) state fiscal years, children under the age of 5 have comprised approximately 20% of the total OOH population. As this total population is expected to decrease, so is the number of children under the age of 5: As of the end of April 2012, there are 1,431 children under the age of 5 in care; it is estimated that at the end of April 2013, there will be 1,301 children under the age of 5 in care based on the average rate of change of 9% for under age 5. Not surprisingly, the majority of children have a permanency plan of reunification.
A small percentage of these children have had parental rights terminated: As of April 2012, only 42 children ages 0-4 have had TPR. The largest portion of these children are between ages 1 and 3, and a majority are African-American, although the percent of African-American children under the age of 5 (51% at end of April 2012) is less than that of the overall African-American portion of all children in OOH care (67.2%, end of March 2012). There are a corresponding higher percentage of children under 5 who are White/Caucasian (35%) than for the overall OOH population (25%), for the same time periods.

Number/Percent of Children in OOH Care Under Age 5

	4/30/2010	**4/30/2011**	**4/30/2012**	**PROJECTED 4/30/13***
Under age 5	1733	1516	1431	1301
All OOH	8632	7804	6982	6279
% of OOH under age 5	20%	19%	20%	21%

**based on average rate of change, 2010 - 2012:*
average rate of change = -9% for under age 5
average rate of change = -10% for all OOH

Source - MD CHESSIE

Number of Children in OOH Care Under Age 5, with Termination of Parental Rights

	4/30/2010	4/30/2011	4/30/2012	**PROJECTED 4/30/13***

Under age 5, w/ TPR	70	57	42	33

**based on average rate of change, 2010 - 2012:*
average rate of change = -22% for under age 5, with TPR
Source - MD CHESSIE

Primary Permanency Plan Goal	**4/30/2010**		**4/30/2011**		**4/30/2012**	
	#	**%**	**#**	**%**	**#**	**%**
Adoption	271	16%	201	13%	206	14%
APPLA - Child Requires Long Term Care	4	0%		0%		0%
Guardianship	85	5%	77	5%	85	6%
Live with Other Relative(s)	171	10%	80	5%	47	3%
Reunification	1000	58%	940	62%	902	63%
Grand Total	**1733**	**100%**	**1516**	**100%**	**1431**	**100%**

**blank/not yet determined = 12-14% each year*
Source - MD CHESSIE

Demographics - Children in OOH Care Under Age 5

By Gender	**4/30/2010**		**4/30/2011**		**4/30/2012**	
	#	**%**	**#**	**%**	**#**	**%**
Female	847	49%	725	48%	701	49%
Male	886	51%	791	52%	729	51%
By Race*						
Black/African - American	983	57%	792	52%	736	51%
multiple	115	7%	89	6%	79	6%
White Caucasian	504	29%	502	33%	508	35%
By Ethnicity						
Hispanic	66	3.8%	69	4.6%	61	4.3%
Not Hispanic	1416	81.7%	1243	82.0%	1201	83.9%
By Age						
0	312	18.0%	262	17.3%	263	18.4%
1	433	25.0%	375	24.7%	323	22.6%
2	405	23.4%	351	23.2%	320	22.4%
3	317	18.3%	290	19.1%	265	18.5%
4	266	15.3%	238	15.7%	260	18.2%
TOTAL	**1733**	**100.0%**	**1516**	**100.0%**	**1431**	**100.0%**

**Race - American Indian, Asian, and Native Hawaiian/Pacific Islander together make up less than 1% each year; remainder are unknown/race declined (7-9% each year)*

**Ethnicity - Unknown/no response equals 11-14% each year*
Source - MD CHESSIE

Concurrent permanency planning

When children come into care, Maryland utilizes concurrent permanency planning to reduce the length of stay for all children that enter out-of-home care. Through concurrent permanency planning the case worker develops a service plan for the child with both permanency plans. This

allows permanency to be achieved quicker. The use of concurrent permanency planning especially for the younger population results in a shorter stay in care. The caseworker can work on reunification with the parent/guardian while exploring other permanent placements at the same time. Recruitment activities center around recruiting resource parents for sibling groups and older youth. There is not a lack of resource homes for children ages 0-5. The Case Planning/ Concurrent Permanency Planning Policy, planned distribution fall of 2012 and the Adoption Manual will cover the guidelines on services to providers.

This prevents the young population from delay at having a permanent connection. Maryland's Place Matters Initiative requires children to remain in the same community in which they were removed allowing the youth to remain with the same medical/psychological (pediatrician and infant and toddlers) providers to maintain the monitoring of delays.

Moving forward, Maryland is writing a policy on concurrent permanency planning which will supplement the current regulation. This policy will outline the time frames and options for the case workers surrounding permanency planning. The policy will be incorporated into the current concurrent permanency planning training at University of Maryland.

L. CHILD WELFARE WORKFORCE

Maryland's child welfare workforce is comprised over 2,000 staff. There are nearly 1,600 child welfare case worker in the 24 local jurisdictions and over 300 supervisors. In 1998 Maryland's General Assembly passed legislation which required the Department of Human Resources (DHR) to hire only human services professionals" as caseworkers and require that all new casework staff pass a competency test before being granted permanent employment status. The bill prohibits DHR from employing contractual caseworkers or supervisors, except to meet an unanticipated need, in which case no contractual position is to last longer than one year.

All Child Welfare Supervisors must have a Master of Social Work Degree and possess a license to practice social work in the state of Maryland. Supervisors must have a minimum of 3 years of experience in child welfare or a related field. Supervisors' salaries range from $43,725 to $69,999 depending on years of experience. As of April 2012 the average supervisor to worker ratio was 7 to 1.

All casework staff must possess a minimum of a Bachelor's of Arts Degree in a human service related field. No experience is required for entry level caseworker other than the possession of a degree in a related human services field. Salaries for caseworkers range from $38,594 to $61,427 based on years of experience and level of education. There are various caseworker positions which are listed below:

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 7/1/12	
CASEWORK SPECIALIST FAMILY SERVICES	Master's Degree in Social Work	None	$36,280.00	$57,567.00
FAMILY SERVICE CASEWORKER	BA in appropriate behavioral science	None	$32,091.00	$50,563.00

CLASSIFICATION	EDUCATION	EXPERIENCE	SALARY RANGE AS OF 7/1/12	
TRAINEE				
FAMILY SERVICES CASEWORKER I	BA in appropriate behavioral science	1 Year	$34,113.00	$53,944.00
FAMILY SERVICES CASEWORKER II	BA in appropriate behavioral science	2 Years	$36,280.00	$57,567.00
FAMILY SERVICES CASEWORKER III	BA in social work	3 Years	$38,594.00	$61,427.00
FAMILY SUPPORT WORKER TRAINEE	HS diploma	None	$23,796.00	$36,928.00
FAMILY SUPPORT WORKER I	HS diploma	1 Year	$25,329.00	$39,287.00
FAMILY SUPPORT WORKER II	HS diploma	2 Years	$26,783.00	$41,816.00
FAMILY SUPPORT WORKER LEAD	HS diploma	3 Years	$28,434.00	$44,520.00
SOCIAL SERVICE ADMINISTRATOR I	Master's Degree in Social Work	5 Years 2 years must have been in an administrative, supervisory or consultative capacity	$41,074.00	$65,568.00
SOCIAL SERVICE ADMINISTRATOR II	Master's Degree in Social Work	6 Years 3 years must have been in an administrative, supervisory or consultative capacity	$43,725.00	$69,999.00
SOCIAL SERVICE ADMINISTRATOR III	Master's Degree in Social Work	7 Years 4 years must have been in an administrative, supervisory or consultative capacity	$46,563.00	$74,725.00
SOCIAL WORKER I FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	None	$38,594.00	$61,427.00
SOCIAL WORKER II FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	1 Year	$41,074.00	$65,568.00
SOCIAL WORK THERAPIST FAMILY SERVICES	Master's Degree in Social Work plus license as a Certified Social Worker - Clinical	1 Year Clinical	$43,725.00	$69,999.00
SOCIAL WORK SUPERVISOR FAMILY SERVICES	Master's Degree in Social Work plus license as Graduate, Certified or Certified Clinical Social Worker	3 Years	$43,725.00	$69,999.00

Maryland also has a Title IV-E training program which has an enrollment of 10 BSW students and 71 MS/MSW students. In 2011, 22 IV-E BSW students were hired and 66 MSW students were hired. This year it is expected that 62 students will be hired. This year Maryland has opened its Title IV-E Training program to current staff enrolled in one of the participating schools of social work 29 staff will begin the program in September 2012.

Recruitment and hiring of child welfare staff is done at the local level. Job announcements are posted on the DHR Website as well as the Maryland Department of Budget and Management's Website. Job postings are also sent to APHA and NASW for posting. At this point we have not tracked retirements, dismissals, resignations by position, however the current vacancy rate in child welfare is roughly 6.48 % (as of beginning of June 2012 time period June 2011- June 2012).Maryland has had challenges recruiting Child Welfare supervisors that possess a LCSW-C and 18 months experience in the state of Maryland. The State is currently discussing what systems would need to be put in place to track this information. There have not been challenges filling caseworker positions with qualified staff. To review the Race/Ethnicity of the current staff, please review Appendix H.

The State average blended caseload ratio is 1:12. The staffing ratio standards for Maryland are set as follows:

- Investigations -1:12
- In-Home Services - 1:12
- In-Home IFPS – 1:6
- Out-of-Home Services - 1:15
- ICPC -1:30
- Referrals - 1:122
- Public Family Foster Homes - New Applications -1:14
- Public Family Foster Homes - Open Homes -1:36

As mentioned earlier child welfare staff are required to complete 20 days of pre-service training and workers are also required to complete program specific training. Annually as part of the performance evaluation workers and supervisors identify additional training needs. Continuing trainings are offered at the Child Welfare training academy and range in subjects such as risk and safety; medical aspects of child maltreatment; attachment; trauma; gender and sexuality; Native American and immigrant cultural consideration; youth engagement; and ethics. Supervisors will assign workers to attend trainings throughout the year as needed to improve skill level. Workers also will identify trainings, necessary to improve skills and request approval to attend trainings.

II. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN

CAPTA Spending Plan (past and future)

The following items correspond to the activities mentioned in SEC. 106 Grants to States for Child Abuse and Neglect Prevention and Treatment Programs [42 U.S.C. 5106a]. There are 14 activities specified in SEC. 106 and Maryland is planning for activity in several. Following each paragraph is the number in parenthesis corresponding to the section in SEC. 106.

The Maryland Department of Human Resources received $473,930 in fiscal year 2011 Child Abuse Prevention and Treatment Act (CAPTA) federal grant and does not plan on any major policy shift from that reported in the State's submission for FY'11. Maryland has historically used and will continue to use the bulk of funds received from the CAPTA federal grant to support child abuse and neglect prevention activities in Maryland. For the past several years the state negotiated and entered into two contracts for child maltreatment prevention services. The first contract is with the University of Maryland School of Social Work's Ruth Young Center for Family Connections, Grandparent Connections to continue working with grandparents raising their grandchildren keeping them safe from abuse and neglect and out of the child welfare system. This program also provides a learning experience for master's level graduate students in social work who are employed as case managers working with families. This contract is awarded annually in the amount of $195,000. While the vendor for the service might change in the future, the plan is to continue to support a prevention program. (SEC. 106 #11)

The second contract supported with CAPTA funds is for an array of services including a 24 hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups. The award from CAPTA is $101,770 annually and has been awarded to the Family Tree, Maryland's chapter of the Prevent Child Abuse America and Parents Anonymous for a five year period beginning in 2011.

The last purely prevention initiative awarded CAPTA funds is to the State Council on Child Abuse and Neglect (SCCAN), one of Maryland's 3 CAPTA panels. Beginning in 2009 the Secretary of the Department of Human Resources committed $75,000 annually to support SCCAN. For the past state fiscal year the Council hired a full time Executive Director under whose leadership a state child abuse and neglect prevention plan is moving rapidly towards completion. SCCAN meets all of its CAPTA responsibilities in addition to voluntarily taking on the drafting of the state prevention plan. Unexpended funds from 2009 for the Council were used this past year to have a statewide environmental scan completed on overall costs of child abuse and neglect and programs available to address the issue at all levels (prevention, intervention, etc.). The vendor did not complete the work prior to the 9/30/11 end of the contract. An eight (8) month no cost extension was granted to the vendor in order that the work be completed to the satisfaction of SCCAN. The final piece of the work to be completed is the writing of the statewide prevention plan to be written in State Fiscal Year 2013. The Department plans to continue its support of SCCAN. (See Legislation of this section) (SEC. 106 # 11)

SCCAN membership includes representatives from all of Maryland's child serving Departments (Health and Mental Hygiene (DHMH), Juvenile Services, Education), the Director of the agency

receiving CAPTA Part II funds, physicians, legislators, victims of abuse/neglect and other individuals interest in child abuse/neglect prevention, detection and intervention. The CAPTA panel serves as a perfect place where parties can meet to discuss a range of issues effecting children and discuss plans for coordinating services. At the June meeting of the Council, speakers from DHMH presented information on a recent federal grant received for Home Visiting programs. In addition to disseminating information, this meeting offered an opportunity to begin planning for improving/expanding home visiting services as other state and community programs were present to offer what they provide and begin to coordinate services. This is especially meaningful following Maryland's receipt of home visiting funds. (SEC. 106 #14)

Local departments of social services receive $68,555 in CAPTA funds to support two important initiatives. First, investigations into allegations of mental injury to a child are required by State law to include two assessments of a child's mental or psychological ability to function ($20,555 allocated to local departments based on caseload size). These assessments can be costly and local departments receive an allocation of CAPTA funds to enhance their ability to obtain the assessments when needed. Second, each local department receives $2,000 annually to support activities of their multidisciplinary teams ($48,000). Funds can be used to offset costs to participants (mileage, child care, etc.), bring specialists to the team meetings or provide for the team's infrastructure. The central office has supported these local department activities for the past several years and plans to continue as long as the need exists. (SEC. 106 #2 and #3)

The remaining $33,605 is used to support various local departments of social services requests for training (once again supported Washington County Department of Social Services with $5,000 to support their regional child maltreatment conference held in April) and other local need surrounding addressing secondary trauma to child welfare staff. Finally, a small amount of the grant is used to support travel expenses for the State Liaison Officer (SLO) to attend the Annual SLO meeting and bi-annual National Conference on Child Abuse and Neglect and funds to support travel for Maryland's nominee for the Commissioner's Award given at the National Conference. The conference is held the third week of April this year. (SEC. 106 #6 and #10)

Addressed in the IV-B section of this report is a discussion of Maryland's effort to enhance both the safety and risk assessments used by child welfare staff. Since no CAPTA funds are used for this effort it is addressed elsewhere. (SEC. 106 #4)

Program Descriptions

- As stated above, Maryland awarded a 5 year grant for prevention services that include a 24 hour hotline (or stress line) for parents to call when having a parenting crisis, positive parenting classes, home visiting and parent's anonymous support groups to the Family Tree of Maryland. Local departments of social services can refer individuals and families to these programs and the services can also be accessed directly by the public. Maryland child welfare staff routinely refers families for prevention interventions at all stages of the continuum beginning at screening through investigation and on-going services. Structured Decision-Making, used at screening, includes referring families not appropriate for investigation to other services within the agency or to service providers in the community.

- Again, while not supported directly with CAPTA funds the staff in the Central Office and local departments conduct training for mandated reports. Central office staff is called on routinely to provide training for mandated reporters at the NASW annual conference, at schools for their social work and guidance staff, at local colleges where students soon to be employed in day care and other child related fields are receiving instruction, and at hospitals upon request. Local department staff also conducts training for their mandated reporters upon request. Maryland State Department of Education requires local school to provide training on recognizing and reporting child abuse and neglect annually and invite local staff to conduct the training. SSA participated in making a video several years ago local school jurisdictions continue to use.
- Maryland makes use of Family Involvement Meetings (FIMS) and one of the triggers for holding a meeting is at the point where assessment indicates that it is unsafe for a child to remain home. Individuals knowledgeable of the family's situation are called together to make a plan of safe care for the child. In an effort supported by funds from Casey Family Services, the Children's Research Center is helping a limited number of local department supervisors become proficient in the use of Signs of Safety. This model encourages workers to help their clients focus in on what poses a danger to their children and what actions will cancel that threat of harm. Family members identify who in their sphere of family members, friends and professionals can be brought to bear on the situation with the understanding that additional people might need to know what is happening so the condition can be adequately addressed. This is a family centered, strength based assessment that Maryland sees as tool for supervisors to use when holding case reviews with their staff. It also provides some simple tools for casework staff to use to focus in on real danger concerns that might exist for children. While not supported directly by CAPTA funds, Maryland's child welfare staff began receiving training through the Child Welfare Academy on the model beginning in December 2011.
- Maryland has had a long standing policy on the use of multi-disciplinary teams that encourages community participation in case decision making and local program planning. These teams can be standing or ad hoc and both are expected to have community partners as active participants. Also, the membership composition of the State Council on Child Abuse and Neglect is defined in Maryland Family Law and includes representatives from each of Maryland's child serving Departments, local law enforcement, prosecutors, legislators, consumers of child welfare services, faith based service providers, child advocates, community service providers and a representative from both the State's Children's Justice Act Committee and CB CAP program. Collaboration and cooperation is a hall mark of the Council whose membership committee is now in a position to interview and select a person for Council membership from a list of candidates interested in the program.
- A discussion of Maryland's ability to submit information on Child Protection Services Workforce and Juvenile Justice Transfers is provided in Section V. of this report.
- MD has in place policy that directs local departments of social services to receive reports on, and take action to address the safety needs of children born drug exposed. This policy was modified to include infants born and identified as being affected by Fetal Alcohol Spectrum Disorder. The policy was released on Sept. 19, 2011.
- Maryland's State Liaison Officer is Stephen Berry, LCSW-C, In-Home manager located at DHR/SSA, 311 W. Saratoga St., Room 552, Baltimore., MD 21201. He can be

reached on (410) 767-7018 or sberry@dhr.state.md.us. He is not identified as the State Liaison Officer on the Department's website.

Citizen Review

Each of Maryland's three citizen review panels (Citizen's Review Board (Appendix D), State Council on Child Abuse and Neglect (Appendix I), and State Child Fatality Review Team (Appendix J) continued their work during the past year. Copies of their reports and the State's response (Appendix X) are attached. The Fatality Report is in Draft Form and has not been finalized.

New Data Items

Child Protective Services (CPS) Workforce – The minimum education requirement for a CPS worker in the entry level position of Family Services Trainee is a bachelors degree from an accredited 4 year college or university in an appropriate behavioral science such as: child development, sociology, social work, counseling, psychology, nursing, criminology, juvenile justice, human growth and development, human services, mental health or human resources management, that includes at least 30 credit hours in human services or human development. All new CPS workers must participate in training provided by Maryland's Child Welfare Academy and successfully pass a competency examination before being assigned a caseload.

Advancement in CPS is based on years of service, level of education and licensure. An individual employed as a CPS supervisor (Social Work Supervisor, Family Services) must be licensed at the LCSW level (established by the Maryland Board of Social Work Examiners) and have a minimum of 3 years experience providing child welfare services. To gather specific data on the workforce would require a survey to ldss staff as this information is not readily available. The State is discussing cost effective methods to capture this data on its workforce.

Maryland strives to maintain an average worker caseload at the standards established by the Child Welfare League of America. For CPS investigations the caseload standard is 1:12. In April 2012 the ratio was 1:10.1. Neither Maryland law nor regulation establishes a worker to case ratio for an individual employed as a CPS worker. The staffing ratio standards for Maryland are described under the Child Welfare Workforce section. The Supervisor to worker ratio is 6.4 workers per supervisor as of April 2012 (385.8 workers, 60.4 supervisors).

Number of Referrals to Infants and Toddlers of children ages 0 to3 who were victims in 'indicated' investigations of child abuse or neglect – As stated in last year's report, Maryland does have the referral form for Infants and Toddlers as a document in MD CHESSIE and it serves a dual purpose that asks workers to identify if the child is 0-3 or 4-5. At this point however, Maryland cannot provide an accurate report on the number of children ages 0-3 assessed or referred for assessment and treatment. The need to be able to report out on this data item was reiterated in a recent "Where Do We Go From Here" meeting held with MD CHESSIE staff when considering items requiring immediate attention.

Child Fatality Reporting – Maryland has several possible ways that child fatalities come to the attention of the Department. Social Services Administration Policy Directive #10-5 requires that the central office be notified whenever a child in an active or recently closed child welfare case

is involved in a fatality, critical incident or sustains a serious physical injury. Additionally, all child fatalities where child abuse or neglect is suspected to be a contributing factor in the death are investigated by local department staff and information forwarded to the central office.

Each local department has a representative on the local child fatality review team (CFR). Cases that come before the local team include many where abuse and neglect are not factors that contributed to the death. If and when there is a suspicion that child abuse or neglect was a factor in the death the local department initiates an investigation and the central office is notified as required by policy.

The official notice the local CFR teams receive is from the Office of the Chief Medical Examiner (OCME). When a county has a death or deaths of a child under 18, the following month the local CFR team coordinator receives a list of those deaths directly from the OCME. This is the CFR coordinator's official notification for CFR purposes. (The list is done by county of residence of the deceased, not county of death).

The OCME cases are the cases local CFR teams are supposed to review. The cases that go to the OCME are the cases that are "unusual or unexpected" child deaths. (A routine death from leukemia in the hospital would not go to the OCME).

The Department of Health and Mental Hygiene also sends monthly to the local CFR coordinator and to Health Officers in each county, a list from the Vital Statistics Administration (VSA) of all deaths collected by the VSA in the previous month (not just unusual and unexpected deaths). The list is called an Abbreviated Death Record (ADR), and is a courtesy list sent to help speed the local review process and or provide extra information. The official notification for CFR teams to do a case review comes from the OCME and the Maryland law requires the OCME to send such cases to the local CFR teams.

When there is any suspicion that abuse or neglect contributed to a child's death an investigation is initiated. All investigations are documented in MD CHESSIE and those where there is a fatality is identified as such. Abuse or neglect can be 'indicated', 'unsubstantiated' or 'ruled out' as a contributor to the child's death. When completing Maryland's National Child Abuse and Neglect Data System (NCANDS) report, data from MD CHESSIE is used for reporting purposes.

The following is a description of the process for reporting fatality data to NCANDS: According to NCANDS a child fatality is "…the death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death." Fatalities are reported to NCANDS in two main ways. The first manner is as a field in the child level file and the second is as a field in the agency file. The deaths listed in the child file are instances where child abuse/neglect was a contributing factor in the death. The agency file count is a subset of this number where the family had received Family Preservation Services in the previous 5 years. Maryland uses the information collected in the Maltreatment Characteristics tabs to label a fatality as either the cause of death or a contributing cause of death for a child involved in report.

Maryland produces two types of statistical reports on child fatalities based on information generated by local department staff and forwarded to the central office as required by policy. All deaths in active child welfare cases, irrespective of whether abuse or neglect is determined to be a factor, are reflected in one report. On a monthly basis information is collected on children who die while a local department is involved in an investigation or providing service. Many of the children fall in the category of 'medically fragile' or come to the department's attention following a life threatening illness or chronic condition. A small number of situations involve children who sustain injury from abuse or neglect, are in out-of-home placement, who then die from injury sustained prior to a local department's involvement. Also, a small number of deaths occur during or immediately following a local department involvement and abuse/neglect are determined to be a contributor.

A second statistical report is produced on a calendar and fiscal year basis on child fatalities investigated where it is determined that abuse or neglect contributed to the death, and of those, the number where there was active or recent involvement by a local department. This report is produced for the legislature.

III. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. PROGRAM DESIGN AND DELIVERY

Transitioning Youth Preparation Services

Maryland's primary goal in the delivery of Transitioning Youth Preparation Services is to prepare youth for the transition to independence, to encourage higher education or vocational attainment, and to solicit their advocacy on behalf of other youth in the foster care system. This goal is accomplished through the implementation of an array of services for all foster care youth ages 14 up to their 21st birthday. As of April 2012, the Department provides services to 6,859 children in out-of-home care, of which 3,724 are youth ages 14-21 in various living arrangements, eligible to receive Transitioning Youth Preparation Services. These figures are lower than May 2011, when there were 4,141 youth ages 14-21 in out-of-home care, among a total of 7,651 children in care. The numbers are lower because there are less children in care due to Place Matters. More youth are leaving than entering so the numbers continue to decrease.

Maryland continues to strategize to institute best practices and improve services by developing and strengthening services and partnerships that will improve outcomes for youth exiting foster care. Services are provided to youth ages 14-21, in out-of home care, were adopted or achieved kinship guardianship at 16 or older. Services include but are not limited to: case planning including transition plans and Life Skills Training; in order to address needs for self-sufficiency, Maryland is working toward increased consistency with case plan goals that are derived from the outcomes of the Casey Life Skills Assessment tool. In addition, the focus will continue to include: vocational, educational and personal goals. Some of the current topics include: responsible sexual behavior, money management and budgeting, critical decision making skills, preparations for healthy eating; proper nutrition; how to obtain community resources, and others:

- Social, Cultural and Recreational Activities - The independent living coordinators and foster care staff plan and implement various activities for the youth to recognize special events such as: school graduations, birthdays, major holidays, team building events for improved interpersonal relationships, recognition of completed life skills series, practice of etiquette skills learned at a local restaurant; and others.
- Assistance with Educational Services - The youth receive information, resources, tutoring services, flex funds and/or post-secondary funds (State Tuition Waiver and the Educational Tuition Waiver) to meet their educational goals
- Medical and Mental Health Services - Foster Care Youth receive health care services to address their mental and physical health care needs.
- Youth Development and Leadership Skills - Selected youth from the local departments of social services serve on the State Youth Advisory Board to ensure that youth are given an opportunity to speak out about issues that impact service delivery.
- Additional services are provided as needed to meet individual needs of the youth.

Transitional planning for youth must begin at age 14 regardless of the youth's living arrangement or permanency plan. The plan must include: the agreed upon steps to be taken to meet the goals; the youth's responsibility for aspects of the plan; the responsibility of the agency and other persons who will assist the youth to accomplish those steps; the date of the plan; the date when the plan was reviewed or updated; and signatures of the youth, DSS representatives, and other participants responsible for the plan and activities.

During the course of transitional planning, it is the responsibility of the caseworker to ensure that the youth has acquired skills and has overcome barriers to completing school, obtaining and maintaining gainful employment, finding adequate and affordable housing, finding a connection and accessing health and mental health care.

The caseworker must ensure that the core areas of service, in the transitional plan, are reviewed and have been achieved by the youth. This information must be recorded in the youth's case record.

Aging Out Workshop or Meeting to Finalize the Discharge Plan for Youth 18-20

- Discharge plans for youth should be based on the outcome of the court, youth, the department, and the caregiver or provider.
- Review the education, workforce, and home living arrangements prior to discharge.
- Discharge cannot take place if the youth does not have a place to go. Also, identify and communicate with an identified adult to provide support.
- Determine if the placement crosses jurisdictions or states then additional guidelines must be adhered to for the best safety practices. (This is for youth under age 18).
- Outline how those identified adults will assist the youth, and assist with the implementation of the identified goals, for the youth to continue their transition, and maintain self-sufficiency.
- Develop a service agreement or review the current service agreement to determine proposed dates, and goals that still need to be implemented.

- Include educational/vocational goals, life skills gained and or still needed safety and healthy living plans, financial supports and plans to secure what other identified desired outcomes are needed.
- Identify the anticipated barriers that the youth may encounter based on the meeting outcomes.
- Attempt to identify target dates and/or some resolution for the barriers.
- Include dates and signatures of all parties in attendance of the meeting based on their responsibility and willingness to reach the designated goals.

Local Department Transitioning Youth Services Coordinator Duties
The core areas of responsibility for the Local Department of Social Services Transitioning Youth Services Coordinators include: program development, program accountability, providing life skills, outreach, administering the life skills assessment and networking. Most Coordinators also provide case management services to the youth who return to the agency for Enhanced Aftercare and Independent Living Aftercare services.

Life Skills Assessment
Maryland continues to use a life skills assessment tool annually for all youth ages 14-21 as part of assisting youth transition to self-sufficiency. Every youth between the ages of 14-21 are administered the Casey Life Skills Assessment annually. At this time, the number of assessments administered annually is not tracked. The State is currently exploring methods to collect the data in upcoming years.
The tool is now known as the Casey Life Skills Assessment (CLSA). Starting in September 2012 it will be fully operational. The assessment is basically the same tool with a few revisions, including a name change,

The purpose of the Casey Life Skills Assessment tool is to assess a youth's life skills readiness. Agency staff, youth, foster parents and caregivers can conduct the assessments and use the learning tools to assess the strengths and areas in need of improvement for the youth. Every youth who enters Out of Home care services should receive an assessment regardless of their future permanency plan or the type of placement. From the assessment, the case manager should establish an individual life skills plan as well as connect the youth to the age appropriate group for life skills training. Within the local departments many locals conduct group life skills training from (4) four to (8) times per calendar year. Then, an annual assessment would be completed to test the progress and determine future goals.

Once the Casey Life Skills Assessment is completed the local department can connect the youth to the appropriate group for life skills training. Throughout Maryland, many local departments include the following topics in their agenda for the life skills group training:

- Money management (how to earn and decide what is important in spending money)
- Healthy choices (personal hygiene, medical care, nutritious eating habits and more)
- Grocery shopping and the preparation of meals
- Maintaining healthy relationships and resolving peer and adult conflicts
- How to identify potential domestic violence situations

- How to provide auto maintenance for your car
- Job Readiness Skills (how to prepare and present for a job interview)
- How to access public transportation
- For those youth who travel to conferences, some attend workshops on how to prepare for the airport and the entire preparation process
- The etiquette of setting the table and dining in and out and others.

During FY 2013, SSA plans to issue a transitional youth manual which will provide a statewide curriculum for life skills classes. This curriculum will ensure that all youth in this age group receive the same level of life skills training. SSA will also issue a state form "Request for Semi-Independent Living Arrangement Stipend" which will serve as an application for receiving a monthly stipend when living independently.

State Youth Advisory Board

The State Youth Advisory Board (SYAB), also known as MY LIFE (Maryland Youth Launching Initiatives for Empowerment), consists of foster youth from across the State of Maryland. The purpose of the SYAB is to provide a vehicle in which information about the Transitional Youth Services Program can be gained and recommendations for improvements can be made. The board serves to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of the annual teen conferences and review State and Federal legislation that may affect them.

This year the SYAB under the direction of the State Independent Living Coordinator and local independent living coordinators developed a two day agenda for the 2012 18TH annual teen conference. The annual teen conference provides an opportunity for youth, ages 14 -18, to develop new friendships (or rekindle old ones), explore available resources, and become involved in advocacy.

MY LIFE members are key stakeholders in the conference. The 2012 teen conference will be entitled "MY LIFE" after the State board. This year's workshop topics will be include; Identity Theft, Bullying, CyberSexting, Human Trafficking, LGBTQ (Lesbian, Gay, Bisexual, and Transgender), and Drugs. Members of MY LIFE, along with their local boards, will lead their own workshops.

Members of MY LIFE developed a video that addressed issues youth face in foster care; such as, removal from home; initial placement/change; family visitation; transitional planning; and permanence. This video will be available across the State of Maryland for youth, staff, and foster parents and will premiere at the teen conference.

In June 2011, the 17th annual teen conference entitled "Step Up" Be part of the solution was held at Frostburg State University. The 138 youth between the ages of 14 to 18 attended workshops which were developed and lead by local youth advisory boards, along with workshops from other presenters. Topics included; What comes next, Banding together, Good Foods for less, Ride or die relationships and substance abuse, employment, education and human trafficking. Also in 2011 three regions within the State of Maryland planned and implemented Older Youth Summits for youth within their regions, ages 18-20. These one day summits provided older

youth with more concrete, focused training and skill building that would assist them as they transition from care. Some of the workshops focused on resume writing, job interviewing, understanding the tenant lease agreement, applying to college or vocational training, and building and establishing positive relationships. Local Independent Living Coordinators worked along with older youth to select workshop topics and activities. Attendance at these summits varied from region to region. Coordinators reported that the conferences were successful.

Plans for 2013
The State Youth Advisory Board will continue to provide state administrators with information and feedback to better serve the transitional youth population. The youth advisory board meets on a monthly basis, not only to assist with feedback on policy and practice but to further develop the youth's leadership and independent living skills.

The board's goals for 2013 will include revising "A Handbook for Youth in Out of Home Placement-Foster Care". This handbook is provided to each youth in out of home placement ages 14-21. The handbook outlines services that will be provided to youth including: types of placements, services provided, education, youth advisory board, after care resources. The state youth advisory board wishes to revise the handbook to include Maryland Transition Plan and all the updated services and changes to practice and policy.

The board will also redesign "Maryland Connect My Life" a website specifically designed for Maryland's foster youth. The website informs youth of new and existing policies and practices, as well as serves as a resource guide on housing, employment, education, health, etc. The redesign of the website will provide updated information and make the website more eye catching and user friendly.

In 2012 the State Youth Advisory Board assisted in planning a very successful 18 annual State Independent Living Teen Conference at University of Maryland Eastern Shore. The board will plan the 2013 Teen Independent Living Conference. The youth will develop a theme for the conference and assist with planning the curriculum for the conference, including workshop topics. In 2012 the youth from different county Youth Advisory Boards throughout the state presented their own workshops. These workshops were very popular with the youth and the youth supported each other. The advisory board will explore expanding the youth presentation workshops for the 2013 conference.

Medicaid Coverage for Youth 18-21 and No Longer in Care
In 2009, the Maryland General Assembly passed and the Governor signed into law the Foster Kids Coverage Act (House Bill 580/Chapter 681). Under the Foster Kids Coverage Act, Medicaid provides comprehensive health care to independent foster care adolescents under 300 percent of the federal poverty level (FPL) below the age of 21. Prior to the Foster Kids Coverage Act, many of these children lost access to comprehensive health care coverage provided by Medicaid. The Foster Kids Coverage Act requires Maryland to exercise the federal option, which extends Medicaid coverage to independent adolescents up to age 21 who are aging out of foster care. In August 2009, SSA issued directives to local departments relating to encouraging youth to remain in care after age 18 to receive the continued supportive services to ensure successful transition out of foster care upon their 21st birthday.

Research shows that most adolescents aging out of foster care have low incomes and would likely have incomes close to the federal poverty level. With this in mind, most adolescents aging out of foster care would be eligible for the Primary Adult Care (PAC) program benefits. Individuals eligible for PAC are age 19 or older and have incomes below 116 percent of the FPL. The PAC program provides access to primary, pharmacy, hospital emergency room services, outpatient substance abuse treatment, and outpatient mental health care. While PAC provides access to critical health care services, former foster care adolescents above the age of 21 do not currently have access to comprehensive health care coverage or access to more extensive mental health benefits through Medicaid.

The Fostering Connections To Success and Increasing Adoptions Act of 2008 (Act), requires that all states assist and support a youth in developing a transition plan as the youth ages out of out-of-home placement. One area highlighted by the Act is the importance of health care planning for the transitioning or exiting youth.

DHR and the Department of Health and Mental Hygiene (DHMH) are committed to ensuring that Section 2004 of the Affordable Care Act is implemented within the state of Maryland. Section 2004 creates a new mandatory Medicaid eligibility category for former foster care children. Under the new provision, Medicaid must cover any child under age 26 who:

- was in foster care under the responsibility of the State when he or she turned 18 (or a higher age designated by the State);
- was enrolled in Medicaid under the State plan or a waiver while in foster care; and,
- due to income or other criteria, does not qualify for Medicaid under another mandatory eligibility category (except for the category added by ACA to cover formerly ineligible adults under 65 with incomes up to 133 percent of the FPL).

Former Maryland foster care children will be eligible to receive comprehensive health care coverage, *i.e.*, all services covered under the Medicaid State Plan. These eligibility changes take effect January 1, 2014.

Room and Board for Youth 18-21

In Maryland youth are eligible to remain in care until their 21st birthday if they meet the criteria of attending school/training, employment or disability. Room and Board payments for older youth are paid to foster parents, child placement agencies and group homes. The state also provides Semi- Independent Living Arrangement (SILA) Subsidy payments to youth age 16 until their 21st birthday that meet the eligibility criteria. The SILA payments can be up to 100% of the foster care board rate. At the present time the State does not track the number of youth receiving the services; SSA is exploring methods to track the data.

While Maryland, has for sometime provided for continued care for youth ages 18 to 21, the Fostering Connections Act extended care to age 21 on the federal level. Maryland regulation and policy was amended to include the newly established criteria for continued youth participation between ages 18 – 21 that reflects the criteria established by the Fostering Connections Act.

Independent Living After Care Services

Maryland offers after care services to former foster youth who were in care on their 18th birthday and left care prior to age 21 or who were adopted or achieved kinship guardianship after age 16. This applies to former foster care youth form other states currently residing in Maryland. Upon request for services, an assessment is conducted and a service case is opened for youth. Aftercare services are designed to be short-termed and individualized to meet the youth's needs. Aftercare services can include:

1. Financial assistance to purchase goods and services to support efforts of youth,
2. Supportive counseling,
3. Employment assistance including instruction on job search, interviewing, appropriate work attire, or support to assist with transportation to maintain and seek employment, the purchase of uniforms, etc.,
4. Educational assistance and information regarding obtaining a General Educational Development (GED), and enrolling in post-secondary educational institutions,
5. Provide referral for medical assistance,
6. Payment for Security deposits,
7. Payment for room and board, and
8. Funding for utilities or other appropriate services for self-sufficiency.

For many years Maryland has provided extended foster care eligibility up to age 21, however, many youth still left care prior to age 21. Although independent living aftercare services existed to provide support to youth who exited care prior to 21, receive ongoing placement services if needed. The number of exits from out of home care for 18-21 years old:

Exits from out of home care, ages 18-21, State Fiscal Years 2011 - 2012

	Age				
	18	**19**	**20**	**21**	**Total Exits, Ages 18-21**
FY 12	149	64	42	578	833
FY 11	153	165	74	67	459

Source: MD CHESSIE/University of Maryland School of Social Work

With the establishment of Enhanced Aftercare, developed in September 2009, Maryland established a protocol to be used when a youth exits care between the ages of 18-21, except by means other than reunification, adoption, guardianship, marriage or military. Under this policy, former Maryland foster care youth are able to receive funding for an approved placement or living arrangement and other services if they meet certain eligibility criteria. The youth are not considered foster youth as Maryland's law does not currently allow a youth over the age of 18 to enter foster care. For FY 2013, Maryland is considering changes to its law that will allow these youth to reenter the foster care system for full service provision.

Trust Fund Program

The State does not have a Trust Fund Program.

B. NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

National Youth in Transition Database (NYTD)

Starting in October 2010, Maryland began the process of collecting and reporting on basic demographic and characteristic data of the NYTD "Served" and "Baseline Survey" populations, and is currently collecting and reporting NYTD "Served" data during FFY 2012. This is a federal mandate which requires states to engage in two data collection and reporting activities. Maryland will provide information about youth who are transitioning to adulthood, focusing on the following areas:

- Youth financial self sufficiency
- Youth educational attainment
- Youth connections with adults
- Reducing homelessness among youth
- Reducing high-risk behavior among youth
- Improving youth access to health insurance

As the result of federal technical assistance, Maryland now has successfully submitted a compliant set of NYTD reports, and has also decided to discontinue the use of Survey Monkey to collect the NYTD surveys. Instead, the survey itself will be available in MD CHESSIE (Maryland's SACWIS) so that the LDSS offices can enter the surveys directly into the system. At this time, LDSS offices may choose one of two ways to collect the NYTD Survey:

- Present the survey to the youth during the monthly caseworker visit, or
- Use phone calls to contact the youth and obtain the survey.

C. YOUTH ENGAGEMENT MODEL

Maryland was awarded a discretionary grant to develop and implement a youth engagement model (Youth Matter). The grant ended in December 2011; however, the evaluation component was extended until June 2012 to allow for additional data collection and analysis. Four jurisdictions, Prince George's, Somerset, Wicomico and Worcester counties, were selected to participate in the Youth Matter pilot. Somerset, Wicomico and Worcester collaborate as the Lower Shore pilot site.

Youth Matter is an extension of family centered practice that utilized strategies to engage and help prepare older youth transition to adulthood and ensure that youth have a voice in their case planning decisions as well as policy and practice decisions. The implementation strategies include participation in the Family Involvement Meetings (FIMs), local and state youth advisory boards, youth panelist for community events and training sessions. Youth engagement is not intended to just be a local department directed activity. Youth Matter requires all parties involved with a youth, including the youth, to take an active role in planning and teaming with to prepare for adulthood.

Each Youth Matter pilot site convenes monthly workgroup meetings. SSA staff provides technical assistance during the monthly workgroup meetings for both pilot sites Youth Matter, an extension of family centered practice, utilizes select strategies to engage and help prepare older youth transition to adulthood. This has included targeted outreach events to community partners, orientation seminars for child welfare staff in addition to policy and data analysis. By partnering

with the pilot sites, SSA is able to clarify policy matters, offer input or resources and strategies ways to improve practice. Youth have been active members of implementations teams in both of the pilot sites. Feedback from the youth has made significant contributions especially in terms of engaging other youth as participants. School and work commitments have occasionally posed challenges for youth participation so regular updates are provided to them at meetings and training classes if they cannot be changed to accommodate the youths' schedules.

The youth engagement demonstration project afforded a collaborative opportunity with the local departments and SSA to better understand the core concepts of implementation science and the application to direct service practice and planning decisions. In addition to helping develop the youth engagement curriculum, the pilot sites developed strategies to engage child welfare staff, youth and key stakeholders at the administrative and direct service levels of the local departments.

These strategies include leadership support for diverse workgroup representation. The workgroups are comprised of multiple local department program staff, foster parents, community partners and SSA technical assistance. The inclusion of this diverse workgroup representation is intended to foster engagement which will ultimately improve outcomes for youth. The SSA Youth Matter Project Team convened to allow the oversight of the demonstration project to be integrated into the Independent Living policy and practice initiatives. The Project Team is developing the statewide implementation plan to begin staggered implementation in July 2012. Representatives from the demonstration sites will be included in the implementation plan to offer peer consultation as new counties implement the practice.

D. MARYLAND RISE

The Maryland Rise Program which focuses on providing a continuum of employment services and training opportunities for foster care youth as well as families that participate in the Temporary for Assistance and Needy Families Program (TANF), continued during this reporting period. Maryland Rise aims to enhance and expand on key partnerships to leverage and coordinate funding streams in order that youth and families have access to not only internship and employment opportunities, but are provided with the skills needed to be successful. The purpose of this initiative is to invest in people to improve their quality of life through providing them with educational and employment opportunities.

E. EDUCATION AND TRAINING VOUCHERS PROGRAM

Maryland continues to ensure that funds for the Education and Training Voucher (ETV) Program are available to eligible children in out-of-home placement. DHR/SSA has extended the contract with Foster Care to Success (FCS), formerly known as The Orphan Foundation of America (OFA), to September 30, 2012 to administer the ETV program statewide and provide staff training, brochures and an on-line website for youth applications. The populations served are youth between the ages of 17 but not yet 21 years old. Eligible youth include those who are currently in foster care or who left foster care after their 18th birthday. Youth who were adopted or achieved kinship guardianship after age 16 are eligible to receive ETV vouchers. If a youth is participating in the ETV program prior to their 21st birthday and making satisfactory progress

(2.0) GPA in school, they can remain eligible to receive ETV until they obtain the age of 23. At this time, the requirements and funding will remain the same for FY 2013.

The State collaborates with the Foster Care to Success (FCS) to ensure that eligible youth are able to access the funds to further their education. Maryland has a designated staff person who works directly with the FCS in determining eligibility, providing technical assistance and training to youth, local departments and community partners. The goal of the FCS is to provide the economic and personal supports eligible youth need to attend and complete post-secondary training and education programs. All of their services are geared to complement the Chafee Independent Living program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce. The outreach and partnership with FCS as well as the State's Tuition Wavier program, which is administered through Maryland Higher Education has assisted the state in ensuring that youth receive postsecondary education assistance available. Since entering into a partnership with the Foster Care to Success, Maryland has been able to expend all of the ETV funds and each year serve additional youth.

According to the Foster Care to Success 2010-2011 Annual Report (http://www.fc2success.org/about-us) they provided funding for 397 covering the period from July 1, 2010 through June 30, 2011 (2010-2011 School Year). Of the 397 MD ETV 2010-2011 recipients, 210 (53%) were new students (applying for the first time) and 187 (47%) were returning (Appendix P).

Consultation and Collaboration

Maryland continues to consult with the Youth Advisory Boards, Independent Living providers, Independent Living coordinators and the Maryland Foster Youth Resource Center to develop services and ensure availability of services across the state. DHR continues its partnership with the Maryland Foster Youth Resource Center (MFYRC). The Maryland Foster Youth Resource Center (MFYRC) is a nonprofit organization established by former foster youth to benefit young adults who are currently in or recently emancipated from foster care. he mission of MFYRC is to provide supportive resources for both youth in foster care and alumni of the foster care system through a "one stop (physical and virtual) shop" providing mentoring and peer supports and connecting them with services and resources which are often available in the communities where they live; and to give voice to the needs of youth in foster care through effective advocacy.

MFYRC will also reach out to the employers, service organizations and other community resources throughout Maryland to enlist their active support for youth who are transitioning from foster care to independent adulthood. Recently, MFYRC opened Transitional Housing for emergent situations pertaining to young adults who have aged out of care or have emancipated from care, are working, and or have a source of income.

- DHR has contracted with MFYRC to provide the following services: Assistance in the development of targeted local youth advisory boards Carroll and Frederick Counties and the Southern Region (Calvert, Charles and St. Mary's County) Connecting foster youth to critical resources – particularly in the domains of education, housing and employment
- Provide 24 Life Skill Classes to youth at the request of the Local Department

Assist youth to transition to self-sufficiency

Currently, Maryland is working on developing a Ready by 21, Transitioning Youth Manual which will provide local department staff with a "how to" guide on providing services to the transitioning youth population.

- Development and implementation of the Exit/Re-entry Policy. This policy enables youth who left care after their 18th birthday, but prior to age 21 and 9 months, to return to care, receive a placement and obtain needed services.
- Development of Transitional Planning for Youth- Benchmark Policy. This policy informs caseworkers of the services and skills a youth should and/or must obtain at a specific age in the areas of housing, education, employment, health/mental health, friends/family support, and financial literacy.

Help youth receive the education, training, and services necessary to obtain employment

- ETV and Maryland Tuition Waiver are available to eligible youth. These programs provide financial assistance to youth for post secondary education and/or vocational training. There are no anticipated changes to the ETV Program requirements or funding for the program for FY 2013
- Life Skills training are available in the local jurisdictions
- The 2012 annual teen conference "MY LIFE" is scheduled to be held on June 28-29, 2012. The conference has workshops that concentrate on job readiness and interviewing skills. During one workshop staff practiced interviewing youth and training them on creating resumes.
- Maryland plans to continue to offer workshops at the annual teen conference that center around education and employment during FY 2013. The State will also continue to fund county youth summits which also provide employment opportunities and job readiness skills to youth. This area will also be covered in the new life skills curriculum. More emphasis will be placed on job readiness skills in this new curriculum.

Title IV-E Plan and Program Improvement Plan (PIP)

The enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 required Maryland to make substantial changes to the Title IV-E Plan in order to continue receiving federal funds. The changes included:

- Creation of a new regulatory chapter 07.02.29 for the Guardianship Assistance Program, a Guardianship Assistance Program policy directive, incorporating the Kinship Care regulations chapter COMAR 07.02.09 into the Resource Home regulations chapter COMAR 07.02.25,
- Amending policies and regulations 07.02.11, 07.02.10, and 07.02.12 to include the criteria which provides that a youth may continue in foster care from age 18 to 21,
- Establishing a Youth Transition Plan policy for youth exiting care, and revising COMAR 07.02.10 to include the requirement for a Youth Transition Plan, NYTD compliance and continued care eligibility criteria for ages 18-21.
- Revision of Adoption regulations COMAR 07.02.12 to include "applicable child" criteria, subsidy criteria, and post adoption services.

While Maryland, at the state level, has for sometime provided for continued care for youth ages 18 to 21, the Fostering Connections Act extended care to age 21 on the federal level. Maryland regulation and policy was amended to include the newly established criteria for continued youth participation between ages 18 – 21 that reflects the criteria established by the Fostering Connections Act.

As stated earlier, Maryland has worked in collaboration with Maryland State Department of Education (MSDE) regarding federal requirements for educational stability. This collaboration's focus is to negotiate policies and procedures on how to meet the federal requirement that when in the best interest of the child, the child will remain in the school enrolled in at the time of placement.

DHR has also formed an extensive partnership with the Administrative Office of the Courts/Foster Care Court Improvement Program. This collaboration is focused on providing a seamless continuum of care by partnering with the juvenile courts to not only improve the movement of children into care and out of care to a permanent living arrangement, but also provide services necessary for the well-being of the child in care. This partnership is essential to establishing the State Plan, and Maryland's substantial compliance for the September 2011 Title IV-E Audit. The partnership continues with joint efforts to meet federal standards for court involvement and required determinations for compliance, and training of both legal and social service professionals regarding Title IV-E requirements. In May 2012, DHR presented the plenary session at the Annual CANDO conference on the complexities of Title IV-E and its importance to the child welfare system in Maryland.

Two Maryland agencies have collaborated for an extended period of time to achieve approval of the State Plan for Title IV-E. In March 2011, federal approval was granted of Maryland's Title IV-E State Plan with a PIP. Maryland was the first state to receive approval of extending the stay in foster care from age 18 to age 21. Maryland was the 13th state to have the provisions for a Guardianship Assistance Program approved. With the March 2011 approval, Maryland became the first state to gain approval of a Title IV-E State Plan that included both extending services to children up to age 21 and a Guardianship Assistance Program. Maryland is the only state to extend foster care, adoption subsidy and guardianship assistance up to age 21. Activities completed for the State Plan PIP include:

- Revision of Foster Care Regulations
- Revision of Adoption Regulations
- Enacting of GAP Regulations
- Revision of Kinship Care Regulations (abolished as Chapter, incorporated into Resource Home Regulations)
- Revision of Resource Home Regulations
- Revision of Transitional Youth Regulations (formerly Independent Living Program Regulations)
- Revision of Out-of-Home Placement Service Caseplan
- Addition of new goal to Maryland's Managing for Results to address goals for children in foster care over 24 months
- Policy on Guardianship Assistance Program
- Policy on Adoption Subsidy – focused on Applicable Child

- Policies on Transitional Youth
- Transitional Youth Plan
- Revision of Adoption Subsidy Forms
- Out of Home Placement Manual
- Title IV-E Manual
- Collaboration with MSDE to meet educational needs requirements for children in out-of-home placement
- Policy converting all SSA policy timeframe requirements from weeks, months, years, etc. to days as stated in federal regulations

As of June 7, 2012, Maryland has completed all requirements for the State Plan PIP. The State Plan pre-print is currently being revised to reflect changes resulting from PIP activities.

IV. MD CHESSIE

The Maryland Children's Electronic Social Services Information Exchange, MD CHESSIE, is the Statewide Automated Child Welfare Information System (SACWIS) for Maryland. MD CHESSIE was implemented across the state as of January 2007 and is intended to ensure standardization of practice, enforce policy, provide easy access to information, improve workflow and automate federal reporting requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS), Caseworker Visitation, the National Youth in Transition Database (NYTD), and The National Child Abuse and Neglect Data System (NCANDS).

While MD CHESSIE has experienced a number of challenges during its first few years of implementation, a number of improvements have been made. In 2011 and 2012 a number of improvements have been completed, including the revamping of the AFCARS data reporting, NCANDS data reporting, and IV-E eligibility.

Maryland has made enhancements to MD CHESSIE which will assist in improving the quality of data. Several enhancements were made, including:

1) **The Referral screen demo tab was modified to add data fields for:**
    - Fetal Alcohol Spectrum Disorder (FASD)
        - Drug-Exposed Newborn (DEN)
        - Type of Drug for Mother and Newborn when Drug-Exposed Newborn is chosen and "other" box to enter the name of the specific drug associated with either the Mother or Newborn.
    - Probation Search Conducted
    - Sex Offender Registry Checked check box
2) **The Referral screen was enhanced in the area of "Approximate DOB (Date of Birth)"** - This enhancement improves the interface of demographic data between the MD CHESSIE system and the agency's Client Information System (CIS), increasing database automation for the MD CHESSIE user.
3) **The Copy Address** function was modified on the Referral Screen; users will be allowed to copy addresses during the Referral process. This change was user requested and

provided to ensure a more user friendly system, which allows for quicker data entry for intake workers, with multiple individuals to add to a referral with the same address.

4) **Unknown Reporter** check box on the demographic screen is a new addition. This checkbox allows the creation of a placeholder for the Reporter information which is mandatory in referrals.
5) **The Narrative tab** was enhanced to send a provider tickler to all assigned licensing coordinators (primary and secondary assignment) and licensing supervisors. This functionality is essential to the improved performance of the system, with the capability to capture information on Out of Home Maltreatment and improve reporting on incidents of Out of Home Maltreatment.
6) **Treatment Foster Care and Identified Disabilities in MD CHESSIE** requires that all children placed in a 'Treatment Foster Care' (TFC) or 'Treatment Foster Care-Private' must have an identified disability.
7) **SAFE-C G was renamed SAFE-C OHP** - Retired the title of SAFE-C Group with the new name SAFE-C OHP (out-of-home placement), as this safety assessment applies to children in any form of foster care placement. The SAFE-C will continue to be used for those children with other program assignments and for foster children who are on a trial home visit.
8) **Multiple Providers for the Guardianship Assistance Program (GAP)** - New functionality was added to MD CHESSIE in the event of the death of the guardian or permanent or long term removal of the child from the guardian by ensuring that the system recognizes the GAP eligibility process for a subsequent provider with whom the child is placed.
9) **396 and 181 reports** - The 396 and 181 reports, which are used to document all types of referrals for service requests for child welfare and the documentation of the Child Protective Services investigations, were completely rewritten.
10) **Guardianship Assistance Program (GAP)** - All references to the name Subsidized Guardianship were replaced with the new name of Guardianship Assistance Program throughout MD CHESSIE. The rates for GAP would be changed from a flat rate to a negotiated rate entered by the worker. Annual Reviews would now become mandatory and workers could only enter a new agreement that would only last for one year. The ability to suspend a GAP was added to the system so that the funds could be temporarily or permanently ended for various reasons.
11) **Title IV-E Modifications -** The following case management and financial management modifications were made to the Title IV-E module in MD CHESSIE:
    a) Case Plan and Screen Modifications
    b) Eligibility Age Range Modification
    c) Modification to allow Increase-Decrease IV-E Reporting
    d) Multiple Periods during Single Determination for IV-E
12) **Case Connect Process -** The Case Connect has been modified to include a new data entry field to re-enter the previously entered Case Identification number.
13) **Regulatory Changes**
    a) COMAR: A new link entitled "Add COMAR" has been added to the Investigation Disposition with a list of all COMAR citations with the COMAR name and COMAR description.

b) As a result of a Social Security Administration policy change effective June 2011, Social Security Numbers (SSN) will now be rejected in MD CHESSIE for the following reasons:
    i. The first digit of SSN is 9
    ii. The first three digits of SSN are 666
    iii. The first three digits of SSN are 000
    iv. The fourth and fifth digits of SSN are 00
    v. The sixth through ninth digits of SSN are 0000
    vi. The same number is in positions 1-9
    vii. SSN is 123456789
    viii. SSN is 987654321
c) There will be a clean-up list sent to Budget and Finance for open providers who currently have invalid SSN's in MD CHESSIE.

Maryland continues to make improvements to MD CHESSIE to improve worker accessibility, data collection and data extraction. The planned changes for MD CHESSIE include changes that will:

1) Streamline worker accessibility,
2) Allow accessibility off-site,
3) Enhance and improve documentation due to regulatory changes,
4) Improve client search capability,
5) Revise screens to provide historical financial information,
6) Identifying what sections constitute the Official Case Record and provide for printing,
7) Provide Capacity for User Generated Ad Hoc Reports.
8) Interface SCYFIS and MD CHESSIE
9) Interface MD CHESSIE with the Client Automated Resource and Eligibility System (CARES), Maryland State Department of Education (MSDE), Department of Juvenile Services (DJS), Developmental Disabilities Administration (DDA) and the Courts.
10) Improve Client Identification and reduce client duplication.

V. STATISTICAL AND SUPPORTING INFORMATION

A. JUVENILE JUSTICE TRANSFER

The State of Maryland has looked at this reporting requirement. At this point no children under the care of the State child protection system have been transferred into the custody of the State juvenile justice system. We have defined these children as having a legal status of supervision of custody and still residing in their home. They are not committed to the State or in Out-of-Home placement.

B. INTER-COUNTRY ADOPTIONS

The State tracks the number of children who were adopted from other countries and who enter into State custody as a result of disruption of a placement of adoption or the dissolution of an adoption. Services provided to families include family preservation; family therapy; and

referrals to community based adoption support programs. A tracking form was developed for local departments to capture this information and submit to DHR/SSA monthly. No children experienced this type of adoption placement dissolution in FY 2011.

C. MONTHLY CASE WORKER VISIT DATA

Maryland's local departments of social services are required to have a number of contacts with a foster or kinship child on a regular basis. Contacts can be in the form of phone call, e-mails, letters or visits. A monthly visit is a face-to-face contact that includes dialogue (or communication as appropriate to the age and ability of the child) and exchange information pertinent to the child and family. This distinguishes a visit from a simple contact. Visitation or face-to-face contacts are extremely important to the provision of appropriate child welfare services, meeting the needs and best interest of the child, and achieving permanency.

Maryland has been improving the documentation of caseworker visitation in MD CHESSIE over the last few years. In the past, Maryland was allowed to augment the MD CHESSIE caseworker visitation data with LDSS data collected directly from caseworkers on a monthly basis as part of Baltimore City's LJ consent decree. For the FFY2011 report, Maryland was able to generate caseworker visitation data completely from MD CHESSIE. In fact, Maryland was one of 15 states to achieve the 90% goal of caseworker visitation for FFY2011.

Caseworker Visits Goals				
2010	**2011**	**2012**	**2013**	**2014**
70%	90%	90%	90%	90%
Caseworker Visits in the Home Goals				
2010	**2011**	**2012**	**2013**	**2014**
73%	75%	75%	75%	75%

FFY 2010 results were positive (based on MD CHESSIE data augmented by local data):

1. Percent of children fully visited: 72.9% (met the goal)
2. Percent of children visited at their out-of-home residence: 94.0% (met the goal)

FFY 2011 results were even better than FFY 2010 (based on 100% MD CHESSIE data):

1. Percent of children fully visited: 90.7% (met the goal)
2. Percent of children visited at their out-of-home residence: 89.5% (met the goal)

Maryland anticipates that the FFY 2012 goals will be met based on using MD CHESSIE data. To ensure that Maryland achieves these goals SSA will utilize the following strategies:

1. SSA will ensure that all staff are informed of the requirement that children in out of home placement are visited at least monthly by their worker.
1. Ensure that this area is covered in pre-service training for new workers.
2. SSA conducts bi-annual regional supervisory meetings to provide information to state supervisors that includes discussion of data trends. This will be one of the areas, which is covered and emphasized during these discussions.

3. MD CHESSIE maintains a "contact log" where workers enter information about visits; this information is accessible to supervisors and should be a regular part of ongoing supervision with staff.
4. Use of monthly MD CHESSIE data report indicating the children each month who do not show documentation of the caseworker visit. This report is used to review MD CHESSIE data record and make any appropriate updates to the foster child's record that will help Maryland to reach its caseworker visitation goals.
5. Working to ensure each local department of social services is near or meets the Child Welfare League of America caseload ratios.

In FFY11, Maryland utilized additional IV-B 2 funds to support monthly casework visits with children in foster care in the following ways:

- To fund out-of-state travel for caseworkers to visit foster children in out-of-state placements (i.e., hotel, meals, transportation, etc.)
- Purchase of tools such as car seats to facilitate transporting children/siblings to visits; cameras to record visits.
- Allocate funds for supplies, books, toys and tools for caseworkers to enhance content and quality of visits
- Allocate funds for providers to transport children in out of county placements for visits
- Allocate funds for transportation aides to assist with transporting children for visits

Beginning in FFY13, these funds will no longer be utilized for out-of-state travel or expenses relating to transportation to/from worker visits. Maryland intends to allocate the funds to the local departments and require a plan submission to ensure that funds are utilized for the stated purposes in federal guidance to improve the quality of caseworker visits; which could include worker recruitment, retention and training.

D. TIMELY HOME STUDIES REPORTING AND DATA

Safe and Timely Placement Act of 2006 (P.L. 109-239) In 2011, 175 reports (i.e., home studies) were completed in 0-60 days, 0 reports were completed in 31-60 days; 0 reports were completed in 61-90 days and 1,217 reports were completed in over 90 days.
The reasons why the extended compliance period was needed range as follow:

- Delay in completion of required State criminal history background clearance (i.e., Maryland CJIS, FBI-CJIS and US DOJ, FBI-CJIS)
- Delay in completion of required Federal criminal history background clearance
- Delay in completion of required home health/fire inspection
- Delay in completion or return of required medical evaluations from the prospective caregiver
- Prospective caregiver's lack of timely response to offered home study,
- Lack of staff (lack of sufficient ICPC Specialists and lack of administrative support staff) and lack of technology (lack of statewide Livescan, lack of statewide scanners and associated support staff, lack of "paperless technology systems") resources to complete the home studies timely.

The 15 day extension required resulted in virtually no additional home studies being completed within the 15 day extension.

The actions taken by the State of Maryland to resolve the need for an extended compliance period have included:

- Increasing availability of funds to contract with private agencies for completion of the home studies,
- Educating staff as to "provisional" home study recommendation option available, per PL 109-239 (i.e., when only pre-service Foster parent training remains to be completed)
- Sharing of Foster Parent training resource classes, when possible
- Making use of electronic criminal history record checks, (i.e., Livescan), when possible
- Hiring additional ICPC Specialist staff in State Central Office planned (a 4th ICPC Specialist was hired in July 2011, however, an ICPC Specialist retired in February 2012; additionally hiring planned) and reorganizing administrative support staff (additional Resource staff's part-time support anticipated in July 2011).
- Maryland and Washington, DC are finalizing a "limited Border Agreement" affecting DC-initiated private agency contracts for public agency work in Spring 2012. This will significantly impact (reduce) the percentage of time MD-ICPC office spends in processing DC-proposed placements into MD.

VI. FINANCIAL INFORMATION

Maryland intends to expend twenty percent on each of the following services: family preservation, community-based family support, time-limited family reunification and adoption promotion and support services. Planning and service coordination funds will be spent on items included in the PIP such as continued training on family centered practice, equipment for team staffing facilitators, development of the supervision model, revisions to safety and risk tools, and resource development.

In FY 2010, state and local spending on IV-B part 2 activities totaled $56 million. These amounts include services that prevent the risk of abuse, assist families at risk of having a child removed from their home, promote the timely return of a child to his/her home, and if returning home is not an option, provide appropriate placement and permanency. The FY 1992 baseline is $31.7 million.

The State does not spend Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance payment or child day care related to employment or training for employment.

VII. APPENDICES

A. Maryland Child And Family Services Interagency Strategic Plan
B. Multisystemic Therapy, Maryland Quarterly Utilization, Fidelity, and Outcomes Report, Fiscal Year 2012 – Second Quarter
C. Functional Family Therapy, Maryland Quarterly Utilization, Fidelity, and Outcomes Report, Fiscal Year 2012 – Third Quarter
D. Citizen's Review Board Annual Report
E. The Maryland Department Of Human Resources – Title IV-E Training Matrix
F. Department of Juvenile Services, 2012 Training Courses
G. Training with emotional trauma component
H. Filled CWS – Race/Ethnicity
I. Maryland State Council On Child Abuse And Neglect (SCCAN) Annual Report
J. State Child Fatality Review Team
K. CFS-101, Part I
L. CFS-101Part II
M. CFS-101, Part III
N. CFS-101, Part I, Revised FY 2012
O. CFS-101, Part II, Revised FY 2012
P. Annual Reporting of State Education and Training Vouchers Awarded
Q. Maternal, Infant and Early Childhood Home Visiting Plan, June 2011
R. MD Education Workplan April 11 FINAL
S. Psychotropic Medications Memo
T. Guide for Psychotropic Medications
U. SSA # 13-5 Oversight and Monitoring of Psychotropic Medications
V. Psychotropic Medication Informed Consent
W. Maryland Resource Parent Association Initiatives and Activities
X. Citizens Review Board letter
Y. Maryland KEEP Annual Evaluation Report

Acronyms

AECF - Annie E. Casey Foundation
AFCARS - Adoption and Foster Care Analysis Reporting System
APPLA – Another Planned Permanency Living Arrangement
APSR – Annual Program Services Review
ARC - American Red Cross
ASCRS – Adoption Search, Contact and Reunion Services
MD CANS - Child and Adolescent Needs and Strength
CA/N - child abuse/neglect
CANS – F Child and Adolescent Needs and Strength - Family
CAPTA – Child Abuse Prevention and Treatment Act
CFSR – Child and Family Services Review
CRBC - Citizens Review Board for Children
CRC - Children's Research Center
CME- Community Management Entities
COOP - Continuity of Operations Plan CPS - Child Protective Services
DDA - Developmental Disabilities Administration
DEN - Drug-Exposed Newborn
DHMH - Department of Health and Mental Hygiene
DHR - The Maryland Department of Human Resources
DOB - Date of Birth
EP - Emergency Preparation
ESF - Emergency Support Function
FASD Fetal Alcohol Spectrum Disorder
FAST - Family Advocacy and Support Tool
FCCIP – Foster Care Court Improvement Process
FCP – Family Centered Practice
FCS – Foster Care to Success
FEMA - Federal Emergency Management Agency
FIM- Family Involvement Meetings FPL - Federal Poverty Level
GAP - Guardianship Assistance Program
GOC - Governor's Office for Children
ICPC Interstate Compact on the Placement of Children
ICAMA - Interstate Compact on Adoption and Medical Assistance
LDSS – Local Department of Social Services
MCO - Managed Care Organizations
MFN - Maryland Family Network, Inc.
MFPA - Maryland Foster Parent Association
MHA - Mental Health Access
NCANDS – National Child Abuse and Neglect Data System
NYTD - The National Youth in Transition Database
NRCPRFC- National Resource Center for Permanency and Family Connections
NRCCWDT - National Resource Center for Child Welfare Data and Technology
OLM - Office of Licensing and Monitoring

OFA – Orphan Foundation of America
PAC - Providers Advisory Council
PIP – Program Improvement Plan
PSSF – Promoting Safe and Stable Families
RFP – Request for Proposal
SACWIS - Statewide Automated Child Welfare Information System Assessment Reviews
SAMHSA - Substance Abuse and Mental Health Services Administration
SCCAN - State Council on Child Abuse and Neglect
SILA – Semi Independent Living Arrangements
SMO - Shelter Management/Operations
SoS – Signs of Safety
SSA – Social Services Administration
VPA – Voluntary Placement Agreement